



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	8:41 am	TIME OUT	11:25 am
DATE	5/22/2020	PAGE	1 of 2

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Dollar General #12712		OWNER: Dollar General INC.		PERSON IN CHARGE: Amanda Sticht	
ADDRESS: 10 Rue Bonne Terre			ESTABLISHMENT NUMBER: 4712		COUNTY: St. Francois
CITY/ZIP: Bonne Terre, 63628		PHONE: 573-358-2287		FAX: N/A	
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. _____					

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Amanda Sticht</i>		Amanda Sticht		Date: 5/22/2020	
Inspector: <i>Nicholas Joggerst</i>		Nicholas Joggerst		Telephone No. (573)431-1947	EPHS No. 1687
				Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:



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ESTABLISHMENT NAME Dollar General #12712		ADDRESS 10 Rue Bonne Terre		CITY / ZIP Bonne Terre, 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Mountain Dew Cooler (no PHF)*		43	True 2 Door Coolers: Beer*		39,39
Pepsi Cooler*		44	cont: monster*, milk section, eggs section		46,40,41,40
Coke Cooler		39	cont: frozen food section		31, 34
Nestle Ice Cream Freezer		0	Back Room freezer, Fridge		20/34
Starbucks Cooler*		39			

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
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7-102.11	Unlabeled spray bottle in checkout area. Working containers used for storing poisonous or toxic materials such as cleaners shall be clearly marked with the common name. Please label the bottle with common name of agent.	COS	a
7-201.11A	Refrigerant above baby food in checkout area. Toxic materials shall be stored so they cannot contaminate food by the use of spacing or partitioning. Please move refrigerant away from baby food.		
7-201.11A	Weed Killer near marked down candy in checkout area. Toxic materials shall be stored so they cannot contaminate food by the use of spacing or partitioning. COS by taking weedkiller to backroom.		
3-302.11A	Ground Pork and Beef above Fully cooked chicken nuggets in the true two door Freezer. Food shall be protected from cross contamination by Separating raw animal foods during storage in the following vertical order top to bottom: Ready to Eat, Seafood, Whole Muscle, Meats, Ground meats, and last poultry/eggs. COS by rearranging RTE foods above Ground meat raw foods.		
3-302.11A	Uncooked Bacon above lunchables and pepperoni. Food shall be protected from cross contamination by Separating raw animal foods during storage in the following vertical order top to bottom: Ready to Eat, Seafood, Whole Muscle, Meats, Ground meats, and last poultry/eggs. COS by rearranging RTE foods above Uncooked Bacon.		
3-202.15	Quart of Ice Cream was damaged and leaking out. Food packages shall be in good condition to protect the contents, so that food is not exposed to adulteration. COS by taking to backroom for return.		

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
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4-202.112A	Thermometers were missing from multiple refrigeration units. In mechanically refrigerated storage units, temperature measuring devices shall be located in the warmest part of the unit. Please place thermometers in refrigerators.	COS	e
4-601.11C	Shelves were moldy on the Pepsi Cooler, debris was observed in the bottom of the Mountain dew cooler, debris was observed on top of the Nestle ice cream cooler and in the seals, and some debris was, spillage was observed in the true 2 door cooler. Nonfood-contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the surfaces.		
4-501.11B	Seals were torn on the true two door cooler in the milk section. Equipment components such as seals shall be kept in good condition. Please replace the seals.	5/29/2020	
6-501.112	Dead insects in the back room near carts beneath electrical junction box. Dead insects shall be removed from the premises at a frequency that prevents the accumulation or attracts pests. Please clean up dead insects in the back storage area.	COS	
6-301.12A	Both bathrooms were lacking in paper towels. Handwashing sinks shall be provided with individual disposable towels. Please supply paper towels.	COS	
5-205.15B	There was a problem with the warm water in the customer bathroom it had a foul odor when used and did not get very hot. Plumbing systems shall be maintained in good repair. Please fix accordingly.	5/26/2020	
5-501.17	There was no Covered receptacles in the restrooms. Toilet rooms used by women shall have covered waste receptacles. Please supply covered waste cans in bathrooms.		
3-501.11	Temperature in the True two door freezer above 32F. Frozen foods shall maintain frozen. Please adjust to below 32F.		

EDUCATION PROVIDED OR COMMENTS

A line through an item on page 1 means not observed or not applicable.

Person in Charge /Title:		Amanda Sticht	Date: 5/22/2020
Inspector:	Nicholas Joggerst	Telephone No. (573)431-1947	EPHS No. 1687
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date:	