



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

TIME IN	9:34 AM	TIME OUT	11:44 AM
DATE	9/15/2020	PAGE	1 of 3

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: Circle K	OWNER: Mac's Convenience Store	PERSON IN CHARGE: Rita Becker
ADDRESS: 1015 Highway K	ESTABLISHMENT NUMBER: 4637	COUNTY: 187
CITY/ZIP: Bonne Terre, 63628	PHONE: (573) 358-7907	FAX: NA
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 RESTAURANT <input checked="" type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		
FROZEN DESSERT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____

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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> COS <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	✓			Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input 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 checked="" 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					Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Rita Becker</i> Rita Becker	Date: September 15, 2020
Inspector: <i>Donovan Kleinberg</i> Donovan Kleinberg	Telephone No. (573) 431-1947
EPHS No. 1686	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 9/29/2020



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ESTABLISHMENT NAME Circle K		ADDRESS 1015 Highway K	CITY /ZIP Bonne Terre, 63628
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
True Freezer D Ambient	7	Walk-In Cooler, W/I Beer Cooler, W/I Freezer Ambients	39, 34, 0
True Freezer C Ambient	18	Sausages on Roller	158
Duke Cooler B Ambient	37	Sandwich Cooler Ambient	36
True Freezer B Ambient	21	Cooler A	31
Pizza Cabinet Ambient	139	Freezer A Ambient	2

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
4-601.11A	The soda dispenser nozzles at the drive up window were observed to have an accumulation of debris and possibly mold. Food Contact Surfaces (FCSs) shall be kept clean to both sight and touch. Please wash, rinse and sanitize the nozzles. CORRECTED ON SITE by washing the nozzles.	COS	R
4-601.11A	The soda dispenser nozzles at the customer self service area were observed to have an accumulation of debris and possibly mold. FCSs shall be kept clean to both sight and touch. Please wash, rinse and sanitize the nozzles.	9/15/2020	
4-601.11A	The upper surface of the right microwave in the customer self-service area was observed to have food splatter on the top of the interior. FCSs shall be kept clean to both sight and touch. Please wash, rinse and sanitize the interior of the microwave.	9/15/2020	
4-601.11A	The chute of the ice dispenser was observed to have food debris splatter and hard water accumulation. FCSs shall be kept clean to both sight and touch. Please wash, rinse and sanitize the ice chute.	9/15/2020	
3-202.15	A can of Armour Vienna Sausages was observed to have a dent on the bottom seam. Food packages shall be capable of protecting the integrity of food product inside. Please inspect food upon receipt and during stocking to ensure the packaging is intact and remove damaged food product for disposal or return. CORRECTED ON SITE by pulling the package out of retail.	COS	

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
5-205.11B	Upon arrival two containers of degreaser were observed stored in the prep area handwashing sink. Handwash sinks shall be used for no other purpose aside from handwashing. Please ensure staff know to only use a handwash sink for handwashing. CORRECTED ON SITE by removal of degreaser from the handwash sink.	COS	R
4-601.11C	Some of the drink gravity slides in the walk-in cooler were observed to have mold growth especially on the Gatorade Zero Lemon drink slide. Non-Food Contact (NFC) surfaces shall be kept free of an accumulation of debris. Please wash, rinse and sanitize the dirty drink slides.	9/15/2020	
3-305.11A3	Boxes of food were observed stored on the floor of the walk-in freezer. Food shall be stored in a cool, dry place where it is protected from splash, dust and debris and at least six inches up off of the ground or on pallets. Please store food up off of the floor. CORRECTED ON SITE by move the boxes onto pallets.	COS	
6-501.12A	The floor of the walk-in freezer had an accumulation of trash and waste. Physical facilities shall be cleaned as often as necessary in order to keep them clean. Please clean the floor of the walk-in freezer.	9/15/2020	
6-501.12A	The floors underneath the soda syrup boxes in the space between the walk-in coolers had an accumulation of syrup spills. Physical facilities shall be cleaned as often as necessary in order to keep them clean. Please clean up the spills.	9/15/2020	
4-601.11C	The bottom of the True Freezer D has an accumulation of food debris. NFC surfaces shall be kept free of an accumulation of debris. Please clean the bottom of Freezer D.	9/15/2020	
4-601.11C	The right side of the Turbochef machine has a heavy accumulation of dust. NFC surfaces shall be kept free of an accumulation of debris. Please clean the Turbochef.	9/15/2020	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Rita Becker Date: September 15, 2020

Inspector: Donovan Kleinberg Telephone No. (573)431-1947 EPHS No. 1686 Follow-up: Yes No Follow-up Date: 9/29/2020



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Red Bull Cooler Ambient		39	Creamer Dispenser; Ambient, Regular, French Vanilla		39, 41, 36
Haagen Das Icecream Freezer Ambient		0			

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4-601.11C	The metal front assembly of the Coca Cola Frostee dispenser was observed to have some mold along the edges. NFC surfaces shall be kept free of an accumulation of debris. Please wash, rinse and sanitize the front of the Frostee machine.	9/16/2020	
4-601.11C	The left microwave at the customer self-serve area was observed to have food splatter and debris on the sides and bottom of the interior. NFC surfaces shall be kept free of an accumulation of debris. Please clean the inside of the microwave.	9/15/2020	
4-301.12B	The three compartment sink was stated as not being large enough to fully immerse pieces of equipment off of the hot-dog roller. Three compartment sinks shall have vats which are large enough to fully immerse utensils and equipment. Please install a larger three compartment sink or find an alternate method of washing, rinsing and sanitizing the hot dog roller.	9/29/2020	
5-502.11	The waste bin at the customer self-service area on the side with the coffee creamer and supplies was overflowing and spilling into the cabinet. Waste and refuse shall be removed at a frequency that is sufficient to prevent the attraction of pests or unsanitary conditions.	9/15/2020	
4-601.11C	The slides for the Haagen Das Freezer were observed to have an accumulation of dust and debris. NFC surfaces shall be kept free of an accumulation of debris. Please clean the door slides.	9/15/2020	
4-601.11C & 6-501.112	The table for customer use was observed to have an accumulation of debris and dead pests including flies. NFC surfaces shall be kept free of an accumulation of debris and dead pests shall be removed at a frequency sufficient to prevent a build up. Please clean the table and remove the dead pests.	9/15/2020	

EDUCATION PROVIDED OR COMMENTS

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