



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

TIME IN 9:01am	TIME OUT 10:55am
DATE 2/3/2021	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: Dollar General Store 4725		OWNER: Dollar General Corporation		PERSON IN CHARGE: Alicia Mosier/Manager	
ADDRESS: 1122 North Desloge Drive		ESTABLISHMENT NUMBER: 4842		COUNTY: St. Francois	
CITY/ZIP: Desloge, 63601		PHONE: 573-431-7080		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 _____		P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L			
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 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"/> OUT <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT <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"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	✓		<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	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 checked="" 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			<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present		✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input 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 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: _____ Alicia Mosier/Manager		Date: February 3, 2021	
Inspector: _____ Nicholas Joggerst	Telephone No. (573)431-1947	EPHS No. 1687	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 2/23/2021



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ESTABLISHMENT NAME Dollar General Store 4725		ADDRESS 1122 North Desloge Drive		CITY/ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
Milk Cooler sections (amb.)		34-35	Haaagen Dazs Freezer (amb.)		8
French dip section of cooler (amb.)		40	Egg section/deli meat section of cooler		39/36
raw food and breakfast food freezers		3/0	Pizza and ice cream freezers		0/0
Storage fridge and freezer (amb)		33/2			
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)
3-202.15	2 Containers of Fritos Jalpeno cheddar cheese dip were observed in the retail area damaged and crimped in the middle of the can. Food packages shall be in good condition in order to protect their contents. COS by asking staff to discard or damage out the items.				COS
3-302.11A	In the frozen raw food section of the freezers, raw shrimp, raw beef, and raw pork was observed above ready to eat foods. Food shall be protected from cross-contamination by storing in the vertical order: top to bottom: ready to eat, raw seafood, raw whole muscle, raw ground meat, and last raw poultry. COS by having staff rearrange in correct order.				COS
7-301.11A	Floor cleaner was stored above napkins in aisle 16. Toxic materials shall be stored for retail sale so they cannot contaminate single service articles by the use of separation or partitioning. Please arrange the items so single service items cannot be contaminated.				2/5/2021
6-501.111	Dead mouse and heavy accumulation of feces was observed in the back storage room in the back right corner by extra shelving. The premises shall be free of evidence of pests. This establishment has a history of pest control issues including complaints. Please remove clutter and debris from the back room which could result in pest harborage; remove dead trapped pests, pest feces, and have approved traps placed. Please look for gaps in the back storage room which could allow for pest entry and seal gaps with non absorbent, smooth, and cleanable material. It is strongly encouraged to have a professional pest control company regularly check the premises.				2/5/2021
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)
4-601.11C	Milk debris was observed in the bottom of the milk cooler. Non food-contact surfaces of equipment shall be free of an accumulation of dirt and debris. Please clean the cooler of soil residue.				2/6/2021
4-601.11C	Debris was observed on the shelving of the milk cooler. Non food-contact surfaces of equipment shall be free of an accumulation of dirt and debris. Please clean the cooler of soil residue.				
4-601.11C	Debris was observed on the bottom of the egg section of the cooler. Non food-contact surfaces of equipment shall be free of an accumulation of dirt and debris. Please clean the cooler of soil residue.				
3-305.11A	The freezer holding french fries and the pizza section freezer was observed with a large accumulation of ice and debris was in the ice at the bottom of the freezer. Food shall be protected from contamination. Please defrost and clean the freezer.				
4-601.11C	Debris was observed in the bottom of the storage fridge and freezer. Non food-contact surfaces of equipment shall be free of an accumulation of dirt and debris. Please clean the coolers of soil residue.				
EDUCATION PROVIDED OR COMMENTS					
A line through an item on page 1 means not observed or not applicable.					
Person in Charge /Title:		Alicia Mosier/Manager		Date: February 3, 2021	
Inspector:	Nicholas Joggerst	Telephone No.	EPHS No.	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(573)431-1947	1687	Follow-up Date: 2/23/2021	



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5-502.11	Trash can was overflowing with bags of trash in the back storage room and the area around the trash can was dirty. Refuse shall be removed from the premises at a frequency that minimizes odors or attracts pests. Please take out the trash.				2/3/2021
6-501.14A	The exhaust fan in the bathrooms were observed dusty. Intake and exhaust fans shall be cleaned so they are not a source of of contamination. Please clean the exhaust fans.				2/12/2021
5-501.17	No lidded trash can was observed in the bathrooms which was usable by both genders. A restroom used by females shall be provided with a covered receptacle. Please provide a covered receptacle in all restrooms.				2/12/2021
EDUCATION PROVIDED OR COMMENTS					
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Inspector:	Nicholas Joggerst	Telephone No. (573)-431-1947	EPHS No. 1687	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 2/23/2021