



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

TIME IN: 9:00am	TIME OUT: 10:02am
DATE: 8/3/2023	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 Tree, Store # 4076		OWNER: Dollar Tree Stores, Inc		PERSON IN CHARGE: Mindy Kitowski/merch asst.	
ADDRESS: 1146 North Desloge Drive			ESTABLISHMENT NUMBER: 4666		COUNTY: St. Francois
CITY/ZIP: Desloge, 63601		PHONE: 573-454-7012		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"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		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 _____			

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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Management awareness; policy present			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper cold holding temperatures		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No discharge from eyes, nose and mouth			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Consumer Advisory		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Hands clean and properly washed			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Chemical		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature			<input checked="" type="checkbox"/> <input type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input type="checkbox"/>	<input checked="" 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 checked="" 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 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 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 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 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: Mindy Kitowski/merch asst.		Date: August 3, 2023	
Inspector: <i>Nicholas Joggerst</i> Nicholas Joggerst	Telephone No. 573-431-1947	EPHS No. 1687	Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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ESTABLISHMENT NAME Dollar Tree, Store # 4076		ADDRESS 1146 North Desloge Drive		CITY/ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Frozen food freezer(amb.) pizza sect.		0	Walk-in freezer (amb.)		7
Breakfast sect.		1			
Retail fridge(amb.)		37			

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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3-302.11A	What appeared to be raw shrimp was observed above ready-to-eat foods such as french fries in the retail freezers. 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, raw poultry. Please rearrange in correct stacking order.	8/4/2023	My / S
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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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3-305.11A	Several food items were observed on the floor of the walk-in freezer. Food items shall be kept at least 6 inches up off the floor. Please move the items up off the floor.	8/4/2023	sm
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EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:  Mindy Kitowski/merch asst.		Date: August 3, 2023	
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: