

NO VIOLATIONS



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

DATE: 8/23/13
PAGE 1 OF 2
TIME IN: [blank] TIME OUT: [blank]

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 B Store
OWNER: Robin Staples
PERSON IN CHARGE: Same
ADDRESS: P.O. Box 850
ESTABLISHMENT LICENSE NO.: [blank] COUNTY: Shannon REGION: SE
CITY/ZIP CODE: Eminence, Mo. 65466 TELEPHONE NUMBER: 573-226-3618 FAX NUMBER: [blank] P.H. PRIORITY: [] H [] M [x] L
ESTABLISHMENT TYPE: [] Bakery [x] C. Store [] Caterer [] Deli [] Grocery Store [] Institution [] Mobile [] Restaurant [] School [] Senior Center [] Summer F.P. [] Tavern [] Temporary
SEWAGE DISPOSAL: [x] Public [] Private WATER SUPPLY: [x] Community [] Non-Community [] Private FROZEN DESSERT: [] Approved [] Disapproved [] Not Applicable
Date Sampled: _____ Result: _____ License Number: _____

PURPOSE: [] Pre-Opening [] Follow-Up [x] Routine [] Complaint [] Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
Milk	38°	Display Case			

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
[x] IN [] OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			[] IN [] OUT [] N/O [x] N/A	Proper cooking, time and temperature	3-401.11-13		
	EMPLOYEE HEALTH				[] IN [] OUT [] N/O [x] N/A	Reheating for hot holding	3-403.11		
[x] IN [] OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			[] IN [] OUT [] N/O [x] N/A	Cooling	3-501.14		
	GOOD HYGIENIC PRACTICES				[] IN [] OUT [] N/O [x] N/A	Parasite destruction	3-402.11		
[x] IN [] OUT	Eating, tasting, drinking or tobacco use	2-401.11			[] IN [] OUT [] N/O [x] N/A	Hot holding	3-501.16		
[x] IN [] OUT	Discharges from eyes, nose, or mouth	2-401.12			[x] IN [] OUT [] N/O [] N/A	Cold holding	3-501.16		
	CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION				[x] IN [] OUT [] N/O [] N/A	Date marking and disposition	3-501.17 3-501.18		
[x] IN [] OUT	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			[] IN [] OUT [] N/O [x] N/A	Time as a public health control (procedures / records)	3-501.19		
[] IN [] OUT [] N/O [x] N/A	Bare hand contact with ready-to-eat foods	3-301.11				CONSUMER ADVISORY			
	APPROVED SOURCE				[] IN [] OUT [] N/O [x] N/A	Consumer advisory for raw or undercooked food	3-603.11		
[x] IN [] OUT	Food obtained from approved source	3-201.11-17				HIGHLY SUSCEPTIBLE POPULATIONS			
[] IN [] OUT [x] N/O	Receiving temperature / condition	3-202.11-19			[] IN [] OUT [] N/O [x] N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
[] IN [] OUT [] N/O [x] N/A	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12				CHEMICAL			
	PROTECTION FROM CONTAMINATION				[x] IN [] OUT	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
[x] IN [] OUT [] N/A	Food segregated, separated and protected	3-302.11			[] IN [] OUT [] N/A [x] N/A	Additives / approved, unapproved	3-202.12 3-302.14		
[x] IN [] OUT [] N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11				CONFORMANCE WITH APPROVED PROCEDURES			
[x] IN [] OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			[] IN [] OUT [] N/A [x] N/A	Compliance with HACCP plan, variance / specialized process			
[x] IN [] OUT	Preventing contamination from equipment	3-304.11							
[x] IN [] OUT	Discarding / reconditioning unsafe food	3-701.11							

RECEIVED BY (PERSON IN CHARGE/TITLE): [Signature] DATE: 8/23/13

INSPECTOR/TELEPHONE NUMBER: [Signature] EPHS NO.: 920 FOLLOW-UP: [] YES [x] NO DATE OF FOLLOW-UP: [blank]