



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

TIME IN	TIME OUT
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: <u>EXPRESS Liquor Co.</u>	OWNER: <u>Pam Koogler</u>	PERSON IN CHARGE: <u>SAME</u>
ADDRESS: <u>200 Rollins RD</u>		COUNTY: <u>SHANNON</u>
CITY/ZIP: <u>WINONA, MO 65588</u>	PHONE: <u>573-325-8025</u>	FAX: _____
		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

ESTABLISHMENT TYPE: <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS	PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other
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FROZEN DESSERT <input 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 _____
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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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/A	Proper cooking, time and temperature		
	Employee Health						
IN OUT	Management awareness; policy present			IN OUT N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/A	Proper cooling time and temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper hot holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/A	Proper date marking and disposition		
	Preventing Contamination by Hands			IN OUT N/A	Time as a public health control (procedures / records)		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer Advisory		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Consumer advisory provided for raw or undercooked food		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/A	Highly Susceptible Populations		
	Approved Source						
IN OUT	Food obtained from approved source			IN OUT N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/A	Food received at proper temperature			IN OUT	Chemical		
IN OUT	Food in good condition, safe and unadulterated			IN OUT	Food additives: approved and properly used		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Toxic substances properly identified, stored and used		
	Protection from Contamination			IN OUT N/A	Conformance with Approved Procedures		
IN OUT N/A	Food separated and protected				Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

The letter to the left of each item indicates that item's status at the time of the inspection.  
IN = in compliance  
N/A = not applicable  
COS = Corrected On Site  
OUT = not in compliance  
N/O = not observed  
R = Repeat Item

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

Person in Charge /Title:	Date: <u>7/12/18</u>
Inspector: <u>Ronnie J. Laster</u>	Telephone No. <u>417-961-4131</u>
EPHS No. <u>720</u>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: _____





TIME OUT

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MO 580-1814 (11-14)

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