



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

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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: <i>Circle B Store</i>	OWNER: <i>Mike & Holly Smith</i>	PERSON IN CHARGE:
ADDRESS: <i>18825 Circle B Rd</i>		COUNTY: <i>Shannon</i>
CITY/ZIP: <i>Eminence 65466</i>	PHONE: <i>511/224/3618</i>	FAX:
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 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		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE
		WATER SUPPLY <input 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
IN / OUT	Person in charge present, demonstrates knowledge, and performs duties			IN / OUT / N/O / N/A	Proper cooking, time and temperature		
	Employee Health			IN / OUT / N/O / N/A	Proper reheating procedures for hot holding		
IN / OUT	Management awareness; policy present			IN / OUT / N/O / N/A	Proper cooling time and temperatures		
IN / OUT	Proper use of reporting, restriction and exclusion			IN / OUT / N/O / N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN / OUT / N/A	Proper cold holding temperatures		
IN / OUT / N/O	Proper eating, tasting, drinking or tobacco use			IN / OUT / N/O / N/A	Proper date marking and disposition		
IN / OUT / N/O	No discharge from eyes, nose and mouth			IN / OUT / N/O / N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN / OUT / N/O	Hands clean and properly washed			IN / OUT / N/A	Consumer advisory provided for raw or undercooked food		
IN / OUT / N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN / OUT	Adequate handwashing facilities supplied & accessible			IN / OUT / N/O / N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN / OUT	Food obtained from approved source			IN / OUT / N/A	Food additives: approved and properly used		
IN / OUT / N/O / N/A	Food received at proper temperature			IN / OUT	Toxic substances properly identified, stored and used		
IN / OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN / OUT / N/O / N/A	Required records available: shellstock tags, parasite destruction			IN / OUT / 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			
IN / OUT / N/A	Food separated and protected						
IN / OUT / N/A	Food-contact surfaces cleaned & sanitized						
IN / OUT / 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
		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					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					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		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: _____		Date: <i>4/25/25</i>	
Inspector: <i>K. D. K.</i>	Telephone No. <i>417/967/4131</i>	EPHS No. <i>1113</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	



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ESTABLISHMENT NAME <i>Circle K Store</i>		ADDRESS <i>18825 Circle K Rd</i>		CITY <i>Emmure</i>	ZIP <i>63966</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Butter</i>		<i>40</i>			
<i>Cheese</i>		<i>37</i>			
<i>Coffee</i>		<i>38</i>			

[illegible][illegible]

EDUCATION PROVIDED OR COMMENTS	

Person in Charge /Title:			Date: 4/2/23
Inspector: [Signature]	Telephone No: 407/591-4131	EPHS No. 1173	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: