



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

TIME IN 1130	TIME OUT 1210
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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: Casey's Corn/Store #495	OWNER: Corp	PERSON IN CHARGE: Jolene Samuel
ADDRESS: 307 N Hwy 19	CITY/ZIP: Winona 65588	PHONE: 573/325/9295
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		FAX: P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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	FROZEN DESSERT: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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 _____		

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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
IN	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
IN	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
IN	Preventing Contamination by Hands			IN	Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
IN	Approved Source			IN	Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated			IN	Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
IN	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	Food separated and protected						
IN	Food-contact surfaces cleaned & sanitized						
IN	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: Jolene Samuel	Date: 10/23/24
Inspector: [Signature]	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No: 417/967/4131	Follow-up Date:
EPHS No. 1773	





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

TIME IN 11:30	TIME OUT 12:00
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ESTABLISHMENT NAME Casey's General Store		ADDRESS 307 N Hwy 19		CITY Winona	ZIP 65588
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Eggs Sld	Cold Snglh	38	Onion	Sand pup	39
Milk	Ice coffee	39	Onion Sauce	Pizza pup	39
Choc milk	Wallrin	32	Sausage	-	34
esc		38	Ham	Wallrin 2	34
		36	tomato	-	34

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
	no priority		

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
6-501.11	Two missing ceiling tile in back behind sink Replace as soon as possible		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *X*

Inspector: *PM*

Telephone No: *417/967/4171*

EPHS No: *1773*

Date: *10/23/24*

Follow-up:  Yes  No

Follow-up Date: