



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

8:30A - 9:05A
 TIME IN: 10:00A TIME OUT: 11:00A
 PAGE 1 of 3

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 #3		OWNER: Casey's Corp	PERSON IN CHARGE: Cheryl Taylor		
ADDRESS: 800 E. Scenic Rivers Blvd			COUNTY: Dent		
CITY/ZIP: Salem 65560	PHONE: 724-7097	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					
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 065-20017		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 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/O	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				Utensils, Equipment and Vending					
✓		Adequate equipment for temperature control			✓		Single-use/single-service articles: properly stored, used		
✓		Approved thawing methods used			✓		Gloves used properly		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification				Physical Facilities					
✓		Food properly labeled; original container			✓		Warewashing facilities: installed, maintained, used; test strips used		
Prevention of Food Contamination				Physical Facilities					
✓		Insects, rodents, and animals not present			✓		Nonfood-contact surfaces clean		
✓		Contamination prevented during food preparation, storage and display			✓		Hot and cold water available; adequate pressure		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Plumbing installed; proper backflow devices		
✓		Wiping cloths: properly used and stored			✓		Sewage and wastewater properly disposed		
✓		Fruits and vegetables washed before use			✓		Toilet facilities: properly constructed, supplied, cleaned		
					✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Cheryl Taylor, Store Manager		Date: 3-21-2002
Inspector: Ormal Jones EPHS II	Telephone No. 724-206 X106	EPHS No. 1160
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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 FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 10:28A	TIME OUT 11:28A
PAGE 2 of 3	

ESTABLISHMENT NAME Casey's #3		ADDRESS 800 E. Scenic River Blvd		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient air/Sandwich cooler		33°	bacon preptable fridge		31°
Vanilla icecream/icecream machine		39°	Sausage gravy preptable fridge		38°
choc " " / " " "		41°	Cut lettuce / deli preptable		37°
Beef preptable		40°	turkey " " "		35°
Pork " " "		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
3-501.11	Obs: pizzaslices in hot hold not date labeled as to time. Voluntarily destroyed.	05	CT
4-202.11	Obs: one rubber spatula with cracks around edges. Voluntarily thrown away.	05	CT
4-601.11A	Obs- inside of deli preptable and cooler covered in debris	05	CT

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
4-601.11C	Observed all drink stations areas above + below cabinets with spills on cabinets tops and inside cabinets.	04-22	CT
0-501.12(A)	Obs: all floors directly in front of drink stations and throughout kitchen area dirty.	OK	
0-501.12(A)	Observed all freezer floors throughout consumer area with debris + clutter. Ice Cream freezer needs work	OK	
0-501.114	Obs: store room cluttered to the point I could not go all the way in to check anything else in the room	OK	
6-202.14	Obs: Mens restroom door not self closing.	OK	
3-304.14	Obs: Wiping cloths laying on counter in kitchen area	05	CT
4-601.11C	Obs: outside of prep cooler inside + outside of cabinets in deli with debris	04	CT

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Shirley Taylor Store Manager		Date: 3-21-2022
Inspector: Dana Jones EPHS II	Telephone No. 781-3106 x106	EPHS No. 1168
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN: 9:27A TIME OUT: 9:55A
PAGE 1 of 1

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ESTABLISHMENT NAME: Casey's #3 OWNER: Casey's Corp PERSON IN CHARGE: Cheryl Taylor
ADDRESS: 800 E. Scenic River Blvd. COUNTY: Dent
CITY/ZIP: Salem 65560 PHONE: 784-7097 FAX: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT: Approved Disapproved Not Applicable License No. 065-2001
 SEWAGE DISPOSAL: PUBLIC PRIVATE
 WATER SUPPLY: COMMUNITY NON-COMMUNITY PRIVATE
 Date Sampled: _____ Results: _____

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IN	OUT	Proper use of reporting, restriction and exclusion			IN	OUT N/O N/A	Proper cooling time and temperatures		
		Good Hygienic Practices							
IN	OUT N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT N/O N/A	Proper hot holding temperatures		
IN	OUT N/O	No discharge from eyes, nose and mouth			IN	OUT N/O N/A	Proper cold holding temperatures		
		Preventing Contamination by Hands							
IN	OUT N/O	Hands clean and properly washed			IN	OUT N/A	Proper date marking and disposition		
IN	OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Time as a public health control (procedures / records)		
IN	OUT	Adequate handwashing facilities supplied & accessible			IN	OUT N/O N/A	Consumer Advisory		
		Approved Source							
IN	OUT	Food obtained from approved source			IN	OUT N/A	Consumer advisory provided for raw or undercooked food		
IN	OUT N/O N/A	Food received at proper temperature			IN	OUT	Highly Susceptible Populations		
IN	OUT	Food in good condition, safe and unadulterated							
IN	OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN	OUT N/A	Pasteurized foods used, prohibited foods not offered		
		Protection from Contamination							
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							

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

Person in Charge / Title: Cheryl Taylor - Store Manager Date: 4-4-02
 Inspector: [Signature] Telephone No. 784-3106 x106 EPHS No. 1163
 Follow-up: Yes No
 Follow-up Date: _____