

1-17-2020 - Criticals have been addressed by



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

TIME IN: 10:15A TIME OUT: 12:00P
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: Country Mart		OWNER: Joe Polizzi	PERSON IN CHARGE: Pat Lunk		
ADDRESS: 1204 E. Hwy 32			COUNTY: Dent		
CITY/ZIP: Salem 65560		PHONE: 729-3455	FAX: 729-5821	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input checked="" 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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		<input checked="" type="checkbox"/> PUBLIC		<input checked="" type="checkbox"/> COMMUNITY	
License No.:		<input type="checkbox"/> PRIVATE		<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	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
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/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			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible	X		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/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Chemical		
Protection from Contamination							
IN OUT N/A	Food separated and protected	X		IN OUT N/A	Food additives: approved and properly used		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT	Toxic substances properly identified, stored and used		
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT N/A	Conformance with Approved Procedures		
				Compliance with approved Specialized Process and HACCP plan			

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

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									
✓		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: Pat Lunk Store Mgr Date: 1-13-2020
 Inspector: [Signature] Telephone No. 573-729-3106 EPHS No. 1168/1572
 Follow-up: Yes No
 Follow-up Date: 1-17-2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 10:15A TIME OUT 12:00p
PAGE 2 of 3

ESTABLISHMENT NAME Country Mart		ADDRESS 1204 E. Hwy 32		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
dairy case		36°	milk cooler		38°
butter case area		40-42°	meat storage walk in		38°
cheeses		35°	produce room storage cooler		41°
biscuits		38°	egg + lunchmeat coolers		34-37°
meat cases		32-37°	salad cooler		37°

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.

Code Reference	Priority Items	Correct by (date)	Initial
6-101.11	Obs: a couple containers of baby food damaged - voluntarily disposed.	1-11-2000	CDJ
4-202.11	Obs: broken trays meat room. - ordered. - copy of order attached	1-11-2000	OK
4-601.11A	Obs: seal machine with and torn + dirty cover in meat processing room.	1-17-2000	OK

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.

Code Reference	Core Items	Correct by (date)	Initial
6-501.11	Obs: Ceiling above aisle 10 with a piece of ceiling falling down	2-7-2000	OK
3-305.11	Obs: boxes of food storage containers on floor in back storage area.	CDJ	
6-501.11	Obs: hole above mens RR door.	12-7-2000	OK
6-202.14	Obs: mens RR door doesn't completely close.	2-7-2000	OK
6-202.15	Obs: northwest loading door light under right corner	2-7-2000	OK
4-501.11	Obs: plastic curtain between meat rooms soiled + missing a panel. on order	2-7-2000	OK
6-501.11	Obs: 3 broken tiles in front of 3vat sink area meat processing room.	2-7-2000	OK

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **Steve Mgr** Date: **1-13-2000**
 Inspector: **Anna J. [Signature]** Telephone No. **573-729-3106** EPHS No. **116811572**
 Follow-up: Yes No
 Follow-up Date: **1-17-2000**

ASSOCIATED WHOLESALE GROCERS
 5000 KANSAS AVE
 KANSAS CITY, KS 66106

SP Store Engineering



Page: 1

PO Date: 01/14/20

PO Number: 433807

Department: SSE

Supplier: 0731600

To:

NATIONAL CART CO LLC
 PO BOX 790379

ST LOUIS, MO
 63179-

Ship To:

COUNTRY MART
 1204 Missouri 32 East
 Salem, MO

65560-0000

Attn: Meat Dept

Customer	Customer Name	Customer P/Order #	Delivery Date	Terms	Ship VIA		
3442	COUNTRY MART	SSE-NATLCART	01/14/20	Net 30			
Qty	Stock Code	Stock Description	Job	Ledger Account	UOM	Unit Price	Total Amount
48	SSE-NATLCART	5000026 PER TERRY EACRET Please call Lark Thomas-(lthomas@awginc.com) 417-875-4273 with any questions regarding the p.o. Mail invoices to AWG Store Engineering 5000 Kansas Ave. Kansas City, Ks. 66106 Or email invoices to shannen.crumbliss@awginc.com		1000000145460	EA	6.7500	324.00
Total							324.00
Authorization: <i>[Signature]</i> <i>P.O. 433807</i>			Date: <i>1.14.20</i> <i>S.O. SSE 01/30/18</i>				



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PAGE 1	of 1

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ESTABLISHMENT NAME: <i>Country Mart</i>	OWNER: <i>Joe Polizzi</i>	PERSON IN CHARGE: <i>Rat Dunch</i>
ADDRESS: <i>1204 E. Hwy 32</i>	COUNTY: <i>Dent</i>	
CITY/ZIP: <i>Salem 65560</i>	PHONE: <i>767-3455</i>	FAX: <i>729-5821</i>
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" 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		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
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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		Good Hygienic Practices					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)		
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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		
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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.		
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		Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained			
								Physical facilities installed, maintained, and clean			

Person in Charge / Title: <i>Rat Dunch Store Mgr.</i>	Date: <i>2-28-2020</i>
Inspector: <i>Dina Jones EPHS II</i>	Telephone No.: <i>767-3106 x106</i>
EPHS No.: <i>1168</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:	