



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

TIME IN: 9:15A TIME OUT: 10:00A
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: Blackwell Grocery OWNER: Larrell Blackwell PERSON IN CHARGE: Bev Barton
 ADDRESS: 8754 Hwy K COUNTY: Dent
 CITY/ZIP: Jadwin 65501 PHONE: 729-5229 FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD
 PURPOSE
 Pre-opening Routine Follow-up Complaint Other
 FROZEN DESSERT Approved Disapproved Not Applicable License No. _____
 SEWAGE DISPOSAL PUBLIC PRIVATE
 WATER SUPPLY COMMUNITY NON-COMMUNITY 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 | | |
| | | Employee Health | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Management awareness; policy present | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Proper use of reporting, restriction and exclusion | | | | IN | OUT | N/O | N/A | | |
| | | Good Hygienic Practices | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Proper eating, tasting, drinking or tobacco use | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | No discharge from eyes, nose and mouth | | | | IN | OUT | N/O | N/A | | |
| | | Preventing Contamination by Hands | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Hands clean and properly washed | | | | IN | OUT | N/A | | | |
| IN | OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | | | Consumer Advisory | | | |
| IN | OUT | Adequate handwashing facilities supplied & accessible | | | | | | Highly Susceptible Populations | | | |
| IN | OUT | Approved Source | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Food obtained from approved source | | | | IN | OUT | N/A | | | |
| IN | OUT | Food received at proper temperature | | | | IN | OUT | | | | |
| IN | OUT | Food in good condition, safe and unadulterated | | | | | | Chemical | | | |
| IN | OUT | Required records available: shellstock tags, parasite destruction | | | | IN | OUT | | | | |
| | | Protection from Contamination | | | | IN | OUT | N/A | | | |
| IN | OUT | Food separated and protected | | | | | | Conformance with Approved Procedures | | | |
| IN | OUT | Food-contact surfaces cleaned & sanitized | | | | IN | OUT | N/A | | | |
| IN | OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | 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 | | | | | | 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: Bev Barton Date: 7-2-18
 Inspector: Anna Jones Telephone No. 729-3106x235 EPHS No. 1168
 Follow-up: Yes No
 Follow-up Date: Next regular inspection



Missouri Department of Health & Senior Services

State Public Health Laboratory
101 N. Chestnut
PO Box 570
Jefferson City, MO 65102
<http://www.health.mo.gov/lab/index.php>
Bill Whitmar, Laboratory Director

LABORATORY RESULTS REPORT

Date Generated: 2018-07-05

Page 1 of 1

Submitter:

JONES, ROMA
DENT COUNTY HEALTH CENTER
601 SOUTH MCARTHUR
SALEM, MO 65560

Sample Information:

Accession Number | 199630
Date Sample Finalized | 2018-07-05 09:57
Date Received | 2018-07-03 08:23
Sample Source | Drinking Water
Project
Date Collected | 2018-07-02 09:30
Collection Site | blackwell grocery
Collection Address | 8754 HWY K
JADWIN, MO 65501
Sample Description
Client Reference
Collector | jones, roma
Phone | 573/729-3106

Bottle Number | Not provided
County | Not provided
GPS Latitude | Not provided
GPS Longitude | Not provided
Owner | Not provided
Owner Telephone Number | Not provided
Supply Type | Not provided
Location Type | Not provided
Location Establishment Number | Not provided
Construction Type | Not provided
Sewage Disposal | Not provided
Resample After Treatment | Not provided
No Charge Justification | Not provided

*7-6-18
Called + talked
to Misti Ferguson
told her to post
not to use water +
have Darrell +
call me -
Jones*

Results of Analyses

Total Coliform and E.coli Bacteria, 9223B-PA

| Analyte | Result |
|-------------------------|-----------------------------|
| Total Coliform Bacteria | Present, Bacterially Unsafe |
| E.coli | Present |

| | | | |
|---------------|------------------|---------------|------------------|
| Units | /100 mL | Analyzed In | envbacti_water |
| Date Analyzed | 2018-07-03 08:43 | Date Verified | 2018-07-05 09:57 |
| Analyst | JS | Verifier | JS |

Note: Test Request Form: A new test request form is available on the SPHL website located at <http://health.mo.gov/lab/pdf/lab-177-private-water.pdf>. Effective immediately, please begin using this new form. For questions regarding the form, please call the SPHL at 573-751-3334.

Interpretation: If the total coliform and E. coli tests are reported "ABSENT", the sample is considered SATISFACTORY for drinking water purposes. If either the total coliform or E. coli test results are reported as "PRESENT", the sample is considered UNSATISFACTORY for drinking water purposes. Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water. For additional information on interpretation of test results, well disinfection and what to do if your results are positive for bacteria, please go to <http://health.mo.gov/lab/privatedrinkingwater.php>.

Method: SM 9223B Enzyme Substrate (Idexx Colilert 24-Hour PA - 100 ml sample) for Total Coliform and E. coli bacteria, Standard Methods for the Examination of Water and Wastewater, American Public Health Association, 21st ed., 2005.

Description of Units used within this report
/100 mL = Number per 100 Milliliters

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

If you have any questions, please call the laboratory at 573-751-3334.



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

| | |
|------------------|-------------------|
| TIME IN 7:20A | TIME OUT 9:35A |
| PAGE 1 of 1 | |

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>Blackwell Grocery</i> | | OWNER: <i>Darrell Blackwell</i> | PERSON IN CHARGE: <i>Darrell Blackwell</i> |
| ADDRESS: <i>8754 Hwy K</i> | | COUNTY: <i>Dent</i> | |
| CITY/ZIP: <i>Jadwin 65501</i> | PHONE: <i>729-5229</i> | FAX: | 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"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD | | | |
| 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" 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 | | |
| | | Employee Health | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Management awareness; policy present | | | | IN | OUT | N/O | N/A | | |
| IN | OUT | Proper use of reporting, restriction and exclusion | | | | IN | OUT | N/O | N/A | | |
| | | Good Hygienic Practices | | | | IN | OUT | N/A | | | |
| IN | OUT | N/O | Proper eating, tasting, drinking or tobacco use | | | IN | OUT | N/O | N/A | | |
| IN | OUT | N/O | No discharge from eyes, nose and mouth | | | IN | OUT | N/O | N/A | | |
| | | Preventing Contamination by Hands | | | | IN | OUT | N/A | | | |
| IN | OUT | N/O | Hands clean and properly washed | | | | | Consumer Advisory | | | |
| 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 | | |
| | | Approved Source | | | | | | Chemical | | | |
| IN | OUT | | Food obtained from approved source | | | IN | OUT | N/A | | | |
| IN | OUT | N/O | N/A | | | IN | OUT | | | | |
| IN | OUT | | Food received at proper temperature | | | | | Conformance with Approved Procedures | | | |
| IN | OUT | | Food in good condition, safe and unadulterated | | | IN | OUT | N/A | | | |
| IN | OUT | N/O | 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: <i>Darrell Blackwell</i> | Date: <i>7-12-18</i> |
| Inspector: <i>Anna Jones EPHS II</i> | Telephone No: <i>729-3106x235</i> |
| EPHS No: <i>1160</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Follow-up Date: _____ | |



Missouri Department of Health & Senior Services

State Public Health Laboratory
101 N. Chestnut
PO Box 570
Jefferson City, MO 65102
<http://www.health.mo.gov/lab/index.php>
Bill Whitmar, Laboratory Director

LABORATORY RESULTS REPORT

Date Generated: 2018-07-17

Page 1 of 1

Submitter:

ROMA JONES
DENT COUNTY HEALTH CENTER
601 SOUTH MCARTHUR
SALEM, MO 65560

Sample Information:

Accession Number | 202535
Date Sample Finalized | 2018-07-16 08:54
Date Received | 2018-07-13 08:43
Sample Source | Drinking Water
Project
Date Collected | 2018-07-12 09:36
Collection Site | blackwell grocery
Collection Address | 8754 HWY K
JADWIN, MO 65501
Sample Description
Client Reference
Collector | jones, roma
Phone | 573/729-3106

Bottle Number | 94478
County | DENT
GPS Latitude | Not provided
GPS Longitude | Not provided
Owner | BLACKWELL, DARRELL
Owner Telephone Number | 573-729-5229
Supply Type | Private Well - Single Home
Location Type | Grocery/Convenience Store
Location Establishment Number | Not provided
Construction Type | Drilled Well
Sewage Disposal | On-Site
Resample After Treatment | Yes
No Charge Justification | Government Entity

7-17-18
talked to Darrell
he says when they
put pellets in
chlorinator it
lasts 3 weeks -
and he got to
feeling bad +
that is why
last test
was bad.
cleaned
them
to
use
water
Jones

Results of Analyses

Total Coliform and E.coli Bacteria, 9223B-PA

| Analyte | Result |
|-------------------------|--------------------------|
| Total Coliform Bacteria | Absent, Bacterially Safe |
| E.coli | Absent |

Units | /100 mL
Date Analyzed | 2018-07-13 09:16
Analyst | VK

Analyzed In | envbacti_water
Date Verified | 2018-07-16 08:54
Verifier | JS

Note: Test Request Form: A new test request form is available on the SPHL website located at <http://health.mo.gov/lab/pdf/lab-177-private-water.pdf>. Effective immediately, please begin using this new form. For questions regarding the form, please call the SPHL at 573-751-3334.

Interpretation: If the total coliform and E. coli tests are reported "ABSENT", the sample is considered SATISFACTORY for drinking water purposes. If either the total coliform or E. coli test results are reported as "PRESENT", the sample is considered UNSATISFACTORY for drinking water purposes. Results interpretations are based on U.S. Environmental Protection Agency standards and Missouri Department of Health and Senior Services guidelines for bacteria in drinking water. For additional information on interpretation of test results, well disinfection and what to do if your results are positive for bacteria, please go to <http://health.mo.gov/lab/privatedrinkingwater.php>.

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