

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

TIMEIN	15A	TIME OUT
PAGE	l of a	3

BASED ON AN IN	NEDEC	TION THE DAY THE ITTE							PAGE	of O	-	
NEXT ROUTINE	INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PE FOR CORRECTIONS SPECIFIE	TED BELOW IDENTI	IFY NONC	OM	PLIANCE II	N OPERAT	IONS OR FAC	CILITIES WHICH MU	JST BE CORRE	ECTED	BY THE
WITH ANY TIME	LIMITS	FOR CORRECTIONS SPECIFIE	ED IN THIS NOTICE I	MAY RESL	JLT	IN CESSA	TION OF YO	OUR FOOD O	ATORY AUTHORITY	Y. FAILURE TO	COMF	PLY
ESTABLISHM	I NO	S FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. OWNER: PERSON IN-CHARGE:										
ADDRESS:	00	Bey Barton										
	61	3/164 HMATK COUNTY: DOCT										
CITY/ZIP:		PHONE: FOOD FAX:										
ESTABLISHMENT	TYPE	1 65301	1/24-5	day					P.H. PRIORITY	':	M	L
☐ BAKERY		☐ C. STORE ☐ CATERE	ER □ DEI	LL		П СВОС	CERY STO	DE				
☐ RESTAUR	RANT	☐ SCHOOL ☐ SENIOR		MER F.P.		☐ TAVE	RN STOI		ISTITUTION EMP.FOOD	☐ MOBILE \	/ENDOI	RS
☐ Pre-openin	ng	Routine Follow-up	☐ Complaint [Other					INII .I GOD			-
FROZEN DES	SERT		The state of the s		Τ.			***				
☐Approved ☐□	Disappr	oved Not Applicable	SEWAGE DISPO	SAL		WATER S				,		
License No			PRIVATE		'	L COM	NUNITY	□ NON	I-COMMUNITY Sampled	PRIVA		
Electric sections and a			· ·					Date	Sampled	Resul	ts	
Dick factors on	food		RISK FAC	TORS AN	ND I	INTERVE	VTIONS					
foodborne illness	e tood p s outbre	reparation practices and employer aks. Public health interventions	e behaviors most com	nmonly rep	orte	d to the Ce	nters for Dis	sease Control	and Prevention as o	ontributing fact	ors in	
Compliance		Demonstration of Kr		cos	R R	Complian	less of injur	у.	and the second second			
IN) OUT		Person in charge present, demo	nstrates knowledge,			IN OUT		Proper cool	otentially Hazardous	Foods	CC	DS F
		and performs duties					- market	,				
IN OUT		Employee Hea Management awareness; policy	present		-	IN OUT		Proper rehi	eating procedures fo	r hot holding		
IN) OUT		Proper use of reporting, restriction	on and exclusion			IN OUT	N/O N/A	Proper cool	ing time and tempera	atures		
IN OUT (N/O		Good Hygienic Pra	actices		1	IN OUT	N/A	Proper cold	nolding temperatures holding temperature	S S		
IN OUT N/O		Proper eating, tasting, drinking on No discharge from eyes, nose and tasting of the No. 10 to 10	r tobacco use			IN OUT	N/O N/A	Proper date	marking and dispos	ition		
						IN OUT	N/O(N/A)	Time as a p records)	ublic health control (procedures /		
IN OUT N/O		Preventing Contamination	on by Hands					records)	Consumer Adviso	nrv		
		Hands clean and properly washe	d			IN OUT	N/A	Consumer a	dvisory provided for	raw or		
IN OUT (N/O		No bare hand contact with ready	-to-eat foods or		+			undercooke	d food hly Susceptible Pop	of-Alexander		
IN OUT		approved alternate method proper	erly followed									
		Adequate handwashing facilities accessible	supplied &			IN OUT	N/Q N/A	Pasteurized	foods used, prohibit	ed foods not		
and the same		Approved Sour	ce		\forall			offered	Chemical	Contract Con	3499	
IN OUT N/O N/	13	Food obtained from approved so	urce			IN OUT	(N/A)	Food additiv	es: approved and pr	operly used		-
	2	Food received at proper tempera	ture			IN)OUT		Toxic substa	nces properly identif	fied, stored and		
IN OUT	7	Food in good condition, safe and	unadulterated					used	ance with Approved	Procedures		
IN OUT N/O N/		Required records available: shell destruction	stock tags, parasite			IN OUT	N/A	Compliance	with approved Speci	ialized Process		
		Protection from Conta	mination		+			and HACCP	plan			
IN OUT N/A	Α	Food separated and protected		11		The letter t	to the left of	each item ind	icates that item's sta	atus at the time	of the	
IN OUT N/A	A	Food-contact surfaces cleaned &	sanitized	V	-	inspection.	compliance		OUT = not in com			
IN OUT NO		Proper disposition of returned, pro	SATURATION OF THE SATURATION O		-	N/A = nc	t applicable	9	N/O = not observe	pilance ed		
		reconditioned, and unsafe food	wodaly served,			COS = Co	orrected On	Site	R = Repeat Item			
			GOO	D RETAIL	PR	ACTICES						2555120
IN OUT	G	ood Retail Practices are preventa Safe Food and Water	tive measures to cont	rol the intro	oduc	ction of path	nogens, che	emicals, and p	hysical objects into f	oods.		
100000		zed eggs used where required	C	OS R		IN OUT		Prope	r Use of Utensils		cos	R
V	Vater a	nd ice from approved source			+		Utensils.	ensils: properl	y stored d linens: properly sto	arod dried		
		Food Temperature Control	d.		1	**************************************	nandled					
L A	Adequat	e equipment for temperature con	rol		-	Visited assessmentation	Single-us	se/single-servicesed properly	ce articles: properly	stored, used		
иминетический филометической А	Approve	d thawing methods used			+	hand and a second	Gioves us	Utensils, Ed	uipment and Vendin	ıq.		
	nermor	neters provided and accurate			1		Food and	nonfood-cont	act surfaces cleanal	ble, properly		
		Food Identification			-	V	designed	, constructed,	and used installed, maintained			
E.	ood pro	porty lebyled, exists to the				AND A STATE OF THE PERSON NAMED IN COLUMN NAME	strips use	ed		d, used; test		
	Jou pro	perly labeled; original container Prevention of Food Contamina	ation		-	L-	Nonfood-	contact surfac				
l In	nsects,	rodents, and animals not present			1	/	Hot and o	Physical Phy	sical Facilities lable; adequate pres	CEUTO		
Co	ontami	nation prevented during food prep	aration, storage			1	Plumbing	installed; prop	per backflow devices	Source		
Pe Pe	ersonal	cleanliness: clean outer clothing,	hair restraint		1							
fin	ngernai	s and jewelry							r properly disposed			
VV Grand	ruits an	oths: properly used and stored vegetables washed before use			1	-	Toilet faci	lities: properly	constructed, supplie	ed, cleaned		
	Λ	1			1	1	Physical f	refuse properl	y disposed; facilities ed, maintained, and	maintained		
Person in Charge	e /Title	1101					. Hysical I	Date:	ou, maintained, and	ciean	0	
Inenector	X	ull Month							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-0-1	8	
Inspector:	7	MOD FOHS	Telephor	ne No.	2	125	EPHS No.			Yes [] No	0
MO 580-1814 (11-14)	1		DISTRIBUTION: WHITE - OV	WNER'S COPY	X	an l	CANARY - FILE	Follov	v-up Date: New 1	regula	V	
	11									INTERPO	tin	E6.37



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

TYE 15A	TIME 9450 A
PAGE 2 of 2	X .

FOOD PRODUCT/LOCATION TO DE PERENT NAME FOOD PRODUCT/LOCATION TO DE PERENT CONTRACTOR THE PERENT CONTRACTOR T	TEMP.	Hwy K FOOD	PRODUCT/ LOCATION	win 2	LEME	01
Code Reference Priority items contribute directly to the or injury. These items MUST RECEI	PRI elimination, prevention or VE IMMEDIATE ACTION w	ORITY ITEMS reduction to an acceptable levithin 72 hours or as stated	vel, hazards associated with foo	dborne illness	Correct by (date)	Initial
3-300,11 Observed sholl	was store	ed above RI	E Chopseth	xologna.	C05	BB
Code Reference Core items relate to general sanitation, standard operating procedures (SSOP	operational controls facility	DRE ITEMS	desire and the second	C		Initial
standard operating procedures (SSOP	s). These items are to be	corrected by the next regul	ar inspection or as stated.		(date)	DR
0301.17 Observed no p	aper towe	ds in eith	ver mens or	-Womand	205	BB
3-30711 Observed Deis	mal fand	Stored (1	long a Charter and	CIA		2.0
in large Peps	so Cooler	81074a W	bove ansume	W 1000 C	UD I	PSP
		error				
					2 4 4 4	
	EDUCATION PI	ROVIDED OR COMMENT	TS .			
Person in Charge /Title:						
nspector: Devery afentan	Telephon	e No. EPHS	No. Follow-up	7-2-18 D Y	3 (es 🗆	No
O 580-1814 (11-14)	DISTRIBUTION: WHITE - OWNER	R'S COPY CANARY -	FILE COPY FOLIOW-UP	Date: Next	req.	E6,37A



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

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 The hold report to the free of the color of

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

DENT COUNTY HEALTH CENTER

601 SOUTH MCARTHUR **SALEM, MO 65560**

Location Type Not provided Location Establishment Number Not provided Construction Type Not provided

> Sewage Disposal Resample After Treatment No Charge Justification | Not provided

Submitter:

JONES, ROMA

Not provided Not provided

Results of Analyses

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

Result

Analyte Total Coliform Bacteria E.coli

Present, Bacterially Unsafe Present

Units 1/100 mL Date Analyzed | 2018-07-03 08:43 Analyst | JS

Analyzed In envbacti_water Date Verified | 2018-07-05 09:57 Verifier | JS

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.



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WITH ANY TIME IN	MITS FOR CORRECTIONS AS	MAY BES	PECIFIE	D IN W	RITING BY	THE RECULATORY AUTHORITY FAIR	ECTED BY	YTH			
NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMMITTED HIS DAY, THE TIEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.							O COMPL	Y			
OVERLIT.					DEBCON IN CHARGE						
Dackwell Owens Darrell Bloc						PERSON IN CHARGE:					
ADDRESS: QUITE DILLICU							11PV	V			
COUNTY: Deal								-			
CITY/ZIP:	PHONE;		1 -		1	Len Len					
100	1100 65501 1995 8	SONO	F/	AX:		DII PRIORITY E	V				
ESTABLISHMENT TY	PE 10001 101-	DOM				P.H. PRIORITY : H	M	_			
☐ BAKERY	D o orone		Table				-				
RESTAURAN)ELI		GRO	CERY STO	RE INSTITUTION MOBILE	VENDODO	5			
PURPOSE	SENIOR CENTER S	UMMER F.F	Р	TAVE	RN	TEMP.FOOD	VENDORS	5			
Pre-opening D Pouting D F II											
The second secon		☐ Other									
FROZEN DESSE	SEWAGE DISF	OSAL	W/A	TERS	UPPLY						
☐Approved ☐Disa	approved DI Not Applicable			COM	MUNITY	T NON COMMUNITY					
License No.	PRIVATE			COIVIII	MONITY	□ NON-COMMUNITY □ PRIVA					
	A					Date SampledResul	ts				
	RISK FA	CTORS A	ND INT	EDVE	NITIONIO						
Risk factors are for	od proparation practices and	OTONO A	IND IN	ERVE	VIIONS						
foodborne illness ou	od preparation practices and employee behaviors most cutbreaks. Public health interventions are control measu	ommonly re	ported to	the Ce	nters for Dis	sease Control and Prevention as contributing fact	oro in				
Compliance		res to preve	ent foodb	orne illn	ess or injur	y.	ors in				
	Demonstration of Knowledge	COS	R	Complian	се	Potentially Hazardous Foods	000	morane passes			
IN OUT	Person in charge present, demonstrates knowledge		IN	LOUT	N/O N/A	Proper earlier time	cos				
	and performs duties				IN/O IN/A	Proper cooking, time and temperature					
	Employee Health		IN	OLIT	N/O N/A	Proper reheating assessment					
IN OUT	Management awareness; policy present				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					Proper hot holding temperatures					
IN OUT N/O	Proper eating, tasting, drinking or tobacco use	1525	IN		N/A	Proper cold holding temperatures					
IN OUT N/O	No discharge from eyes, nose and mouth		IN		N/O N/A	Proper date marking and disposition					
	and modeling in the system of		IN	001	N/O N/A	Time as a public health control (procedures /					
	Preventing Contamination by Hands	2000				records)					
IN OUT N/O	Hands clean and properly washed		100	0117		Consumer Advisory					
	and property washed		IN	OUT	N/A	Consumer advisory provided for raw or		1			
IN OUT N/O	No bare hand contact with ready-to-eat foods or				34	undercooked food					
	approved alternate method properly followed	- M. Di				Highly Susceptible Populations					
IN OUT	Adequate handwashing facilities supplied &		INI	OUT	110 1111						
	accessible		IIN	001	N/O N/A	Pasteurized foods used, prohibited foods not		100			
	Approved Source			-		offered					
IN OUT	Food obtained from approved source		INI	OUT		Chemical	XX				
IN OUT N/O N/A	Food received at proper temperature			OUT	N/A	Food additives: approved and properly used					
	an proper temperature		IIN	OUT		Toxic substances properly identified, stored and					
IN OUT	Food in good condition, safe and unadulterated		_			used					
IN OUT N/O N/A	Required records available: shellstock tags, parasite		15.1	0117		Conformance with Approved Procedures					
	destruction		IN	OUT	N/A	Compliance with approved Specialized Process					
Marian Manian Marian Marian Marian Marian Marian Marian Marian Marian Ma	Protection from Contamination		_			and HACCP plan					
IN OUT N/A	Food separated and protected		— Th	e letter t	o the left of	each item indicates that item's status at the time					
Programme California			ins	pection.		cash hem indicates that hem's status at the time	of the				
IN OUT N/A	Food-contact surfaces cleaned & sanitized				compliance	OUT = not in compliance					
IN OUT N/O	Proper disposition of returned, previously served,		_	V/A = nc	ot applicable	N/O = not observed					
1	reconditioned, and unsafe food		C	OS = Co	orrected On	Site R = Repeat Item					
						The pour nom					
	G	OOD RETAI	IL PRAC	TICES				MARIA MARIA			
IN OUT	Good Retail Practices are preventative measures to co	ontrol the int	roductio	n of path	nogens, che	emicals, and physical objects into foods		Material Control			
IN OUT		COS R	IN	OUT		Proper Use of Utensils	cos	D			
Past	teurized eggs used where required				In-use ut	ensils: properly stored	003	R			
Wate	er and ice from approved source				Utensils	equipment and linens: properly stored, dried,					
		eratura de la companya della companya della companya de la companya de la companya della company			handled	ogarphism and linens, properly stored, dried,					
28,000	Food Temperature Control					e/single-service articles: properly stored, used					
Adec	quate equipment for temperature control				Gloves	sed properly					
Appr	roved thawing methods used				1,5 V 0 0 U	Utensils, Equipment and Vending					
Ther	mometers provided and accurate				Food and	nonfood-contact surfaces cleanable, properly					
					designed	, constructed, and used					
	Food Identification				Warewas	hing facilities: installed, maintained, used; test					
					strips use	ed					
Food	properly labeled; original container					contact surfaces clean					
	Prevention of Food Contamination					Physical Facilities					
Insec	cts, rodents, and animals not present				Hot and c	old water available; adequate pressure					
Contamination prevented during food preparation, storage					Plumbing	installed; proper backflow devices					
and	display				- Landing						
Perso	onal cleanliness: clean outer clothing, hair restraint,				Sewage a	and wastewater properly disposed					
	rnails and jewelry										
VVipir	ng cloths: properly used and stored		1		Toilet faci	lities: properly constructed, supplied, cleaned					
Fruits	s and vegetables washed before use			F 18	Garbage/	refuse properly disposed; facilities maintained					
Delda di					Physical f	acilities installed, maintained, and clean					
Person in Charge //	litle: Ala Doll					Date: 17 10 10		-			
- MARINA	- Wagnety					11-12-18					
Inspector:	Teleph	none No.			EPHS No.	Follow-up: Yes	70.1				
e Diria	118/ 1/13 //	-3/1/2	V22	5	1 100		□⊘ No				
MO 580-1814 (11-14)	DISTRIBUTION: WHITE -	OWNER'S COL	PY		CANARY - FILE	Follow-up Date:					
11		THE RESERVE OF THE PARTY OF THE			- HANNEY FILE	001	EC	6 37			



Submitter:

ROMA JONES

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

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 Address 8754 HWY K

Collection Site

JADWIN, MO 65501

blackwell grocery

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

DENT COUNTY HEALTH CENTER

601 SOUTH MCARTHUR SALEM, MO 65560

Owner Telephone Number 573-729-5229

Supply Type Private Well - Single Home Grocery/Convenience Store

Location Type Not provided

Location Establishment Number Construction Type Drilled Well Sewage Disposal On-Site Resample After Treatment Yes No Charge Justification | Government Entity

Results of Analyses

Result

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

Analyte

Total Coliform Bacteria E.coli

Absent, Bacterially Safe Absent

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

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

Verifier | JS

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.

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