



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

TIME IN: 12:52p TIME OUT: 1:46p
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: Casey's #2 OWNER: Casey's Inc. PERSON IN CHARGE: Vance Smith
ADDRESS: 201 S. Main St. COUNTY: Dent
CITY/ZIP: Moberly 65560 PHONE: 661-5492 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. Out of order
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 | 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/O 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 | | | | | | |
| 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 | | | | | | |

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: Lawrence Smith Store Manager Date: 3-28-2022
Inspector: Emma Jones EPHS II Telephone No: 661-3106 X106 EPHS No: 1168
Follow-up: Yes No
Follow-up Date: 4-25-22



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

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|---------|--------|----------|-------|
| TIME IN | 1:52p | TIME OUT | 1:46p |
| PAGE | 2 of 2 | | |

| | | | | | | | |
|---------------------------------|--|------------------------|-------------------------------|---------------|--------|--------------|--|
| ESTABLISHMENT NAME Caseys #2 | | ADDRESS 201 S. Main | | CITY Salem | | ZIP 65560 | |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/LOCATION | | TEMP. | | |
| Ambient temp prep table | | 36° | milk consumer cooler | | 41° | | |
| chicken patties thru basket | | 164° | Ambient air sandwich cabinet | | 33-41° | | |
| chicken chunks prep fridge | | 36° | Cucumbers sub shop prep table | | 38° | | |
| chicken salad sub fridge | | 39° | bologna sub shop " " | | 39° | | |
| chicken chunks sub fridge | | 40° | | | | | |

| 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 |
|----------------|---|-------------------|---------|
| 3-501.17 | Obs: pizza slices, potato cheese tots and sandwiches not date labeled. Voluntarily thrown away. | COS | JS |
| 3-501.18 | Obs: Amer cheese slices dated 3-16 to 3-22 past date of discard. Voluntarily thrown away. | COS | |
| 3-501.17 | Obs: cut lettuce no date - Voluntarily thrown away | COS | |
| 4-601.11(A) | Obs: two oven mits heavily soiled. Taken out of commission to laundry basket. | COS | |
| 3-501.17 | Obs: green peppers and cucumbers not correctly dated and past date. Voluntarily thrown away | COS | |
| 3-501.17 | Obs - Ribeye 3-28 to 4-5, Bologna 3/23-3/30, pepperoni - not correctly date labeled - manager corrected with correct date. | COS | |
| 1-102.11 | Obs: unlabel bottle at 3rd sink. | 3-28-22 | JS |

| 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 |
|----------------|--|-------------------|---------|
| 3-304.14 | Observed wiping cloths laying on counter above microwave and one laying on kitchen hand sink. | COS | JS |
| 4-501.11 | Obs: prep table fridge for pizzas not in good repair - wiping cloths soaking up water in the bottom. | 4-25-22 | |
| 4-204.11(a) | Obs: no oven thermometer in bread oven | 4-25-22 | |
| 4-302.14 | Obs: no usable test strips (ones there were damaged) | COS | |
| 4-501.11 | Obs: water dripping into a bucket (from white water filter) in storage room. Not in good repair. | 4-25-22 | |
| 4-601.11(c) | Obs: fronts of drink machines, around trash can openings and fronts of cabinets in drink station areas need cleaned. | 4-25-22 | JS |

EDUCATION PROVIDED OR COMMENTS

Ice Cream machine is out of order - waiting on parts.

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|---|-------------------------------|------------------|--|
| Person in Charge / Title: Dawn Dmree Store manager | | Date: | 3-28-2022 |
| Inspector: Anna Jones EPHS II | Telephone No. 727-306 X106 | EPHS No. 1108 | Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 4-25-22 |

INSPECTOR: [Name]
DATE: [Date]
TIME: [Time]

| NO. | DESCRIPTION | VIOLATION | REMARKS |
|-----|------------------------|---|---|
| 1 | Handwashing facilities | Handwashing facilities were not available. | Handwashing facilities were not available. |
| 2 | Food storage | Food was stored on the floor. | Food was stored on the floor. |
| 3 | Sanitation | Sanitation was inadequate. | Sanitation was inadequate. |
| 4 | Personnel | Personnel were not properly trained. | Personnel were not properly trained. |
| 5 | Facilities | Facilities were not properly maintained. | Facilities were not properly maintained. |
| 6 | Food safety | Food safety was not properly maintained. | Food safety was not properly maintained. |
| 7 | Water supply | Water supply was not properly maintained. | Water supply was not properly maintained. |
| 8 | Waste disposal | Waste disposal was not properly maintained. | Waste disposal was not properly maintained. |
| 9 | Structural | Structural issues were noted. | Structural issues were noted. |
| 10 | Other | Other violations were noted. | Other violations were noted. |



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| TIME IN 9:05A | TIME OUT |
| 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: Casey's # 2 | | OWNER: Casey's Inc | PERSON IN CHARGE: Betty Stanfast |
| ADDRESS: 201 S. Main Street | | COUNTY: Dent | |
| CITY/ZIP: Jem 65560 | PHONE: 724-5492 | 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 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 type="checkbox"/> Not Applicable License No. 065-19071 | | 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

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| 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 | | | | | | |
| 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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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 | | |

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| Person in Charge /Title: Betty Stanfast, Food Service Leader | Date: 6-17-2022 |
| Inspector: Tom Jones EPHSTI | Telephone No. 724-3106x106 |
| EPHS No. 1168 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Follow-up Date: 7 |



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

| | |
|------------------|-------------------|
| TIME IN 7:30A | TIME OUT 1:30A |
| PAGE 1 of 1 | |

| | | | |
|---|----------------------------------|-----------------------|---------------------|
| ESTABLISHMENT NAME <i>Casey's #2</i> | ADDRESS <i>201.5 Main St.</i> | CITY <i>Salem</i> | ZIP <i>65560</i> |
| FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/LOCATION | TEMP. |
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| 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 |
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| 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 |
|------------------|---|-------------------|-----------|
| <i>4-501.11</i> | <i>Obs: Prep table fridge for pizzas not in good repair - As of today's date it has been repaired twice & is still leaking. Waiting for replacement.</i> | <i>5-25-22</i> | <i>LS</i> |
| <i>4-204.112</i> | <i>Obs: no oven thermometer in bread oven. - One that was sent from corp. office - is a Stem thermometer that only goes to 400 oven goes higher than that. Oven will go to 425</i> | <i>5-25-22</i> | <i>LS</i> |
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EDUCATION PROVIDED OR COMMENTS

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|---|--|
| Person in Charge / Title: <i>[Signature]</i> | Date: <i>4-25-2022</i> |
| Inspector: <i>Domenica Jones EPHS II</i> | Telephone No.: <i>724-3106x106</i> |
| EPHS No.: <i>1168</i> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Follow-up Date: | Follow-up Date: |