



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

TIME IN: 9:55A TIME OUT: 10:15A
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: Flying W Store + Campground OWNER: Joshua L. Hunt PERSON IN CHARGE: Joshua Hunt
 ADDRESS: 12099 State Hwy K COUNTY: Dent
 CITY/ZIP: Jadwin 65501 PHONE: 618-247-7355 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. _____
 SEWAGE DISPOSAL: PUBLIC PRIVATE DNR
 WATER SUPPLY: COMMUNITY NON-COMMUNITY PRIVATE Date Sampled _____ Results: good DNR

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			IN	OUT	N/A			
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	Food received at proper temperature		IN	OUT				
IN	OUT		Food in good condition, safe and unadulterated			IN	OUT				
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction		IN	OUT	N/A			
		Protection from Contamination						Conformance with Approved Procedures			
IN	OUT	N/A	Food separated and protected					Compliance with approved Specialized Process and HACCP plan			
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: J. Paul / member Date: 10-10-19
 Inspector: Anna Jones + PH.S. II Telephone No. 1721-3106x235 EPHS No. 1168
 Follow-up: Yes No Follow-up Date: 10-11-19



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

TIME IN 9:05A	TIME OUT 10:15A
PAGE 2 of 2	

ESTABLISHMENT NAME Flying W Store + Campground		ADDRESS 12099 State Hwy K		CITY Jadwin	ZIP 65501
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

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
(This section is crossed out with a diagonal line)			

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
10-21.11	Walk in 3 vat sink area and been covered, need covered with something smooth & easily cleanable.	30 days	JH
5-205.13	Hot sink is not hooked to water at this time.	10-11-19	JH <i>ok</i>
4-302.14	No test strips to test sanitizer	10-11-19	JH <i>ok</i>
6-303.11	light No light over 3 vat sink.	0-11-19	JH <i>ok</i>
1-102.11	Sanitizer bucket not labeled.	0-11-19	JH <i>ok</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Pl & Mgr / member</i>		Date: <i>10-10-19</i>
Inspector: <i>Carina Jones EPHS II</i>	Telephone No. <i>620-3106x235</i>	EPHS No. <i>1168</i>
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: <i>10-11-19</i>

INSPECTION NO. 17
DATE 11/15/84

NAME OF BUSINESS: [Illegible]
ADDRESS: [Illegible]
CITY: [Illegible] STATE: [Illegible] ZIP: [Illegible]

TYPE OF BUSINESS: [Illegible]
INSPECTOR: [Illegible]

INSPECTION TYPE: [Illegible]

DESCRIPTION OF VIOLATIONS:
[Illegible text describing violations]

RECOMMENDATIONS:
[Illegible text describing recommendations]

INSPECTION RESULTS:
[Illegible text describing results]

DATE OF REINSPECTION: [Illegible]

INSPECTOR'S SIGNATURE: [Illegible]

DATE OF SIGNATURE: [Illegible]

INSPECTION RESULTS (continued):
[Illegible text]

RECOMMENDATIONS (continued):
[Illegible text]

INSPECTION RESULTS (continued):
[Illegible text]

RECOMMENDATIONS (continued):
[Illegible text]

17
11/15/84



Missouri Department of Health and Senior Service
 Bureau of Environmental Health Services
 Food Establishment Pre-Opening Checklist

Date: 10-10-19

New Establishment

Change of Owner

Establishment/Vendor Information

Establishment/Vendor Name: Flying W Store and Campground
 Address: 12099 State Hwy K City: Jackson State: MO Zip: 65501
 Phone: 247-7355 Fax: _____ E-mail: _____
 Days of Operation: Sun - Sat Hours of Operation: 7:30A - 9pm - M-Th.
7:30A - 1 Am Sat
7:30A - 6pm Sun.

Number of employees (both full-time and part-time): 5 Total amount of square footage for the building: _____

} Winter Hours -

SERVICE TYPE

Please check one or more boxes to indicate the type of service you will offer:

<input type="checkbox"/> Buffet	<input type="checkbox"/> Table	<input type="checkbox"/> Counter	<input type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input type="checkbox"/> Catering	<input type="checkbox"/> Carry out	<input type="checkbox"/> Samples
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The pre-opening inspection checklist is used by this agency as a tool to assist in determining a Food Establishment's eligibility to operate. The food establishment still must comply with all the requirements of the Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code.

DNR
Pump
Haul

Item	Yes	No	N/A
1. Water Source/Capacity			
A. Community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Non-Community & Private (sample results satisfactory)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Adequate supply (hot & cold under pressure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Approved backflow/back siphonage devices in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sewage Disposal			
A. Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Private	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Adequate restroom available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Premises			
A. Graded to drain and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outdoor cooking properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Floors			
A. Grease resistant, easily cleanable and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Coved floor-wall juncture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Walls/Ceilings			
A. Constructed of smooth and easily cleanable, nonabsorbent materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. No beams or no piping is exposed in food preparation and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hand sinks			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Hot water (>100°F), drying device, waste basket and signage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Three Compartment Sink			
A. Three compartment sink, with drain stoppers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided or drying racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indirectly plumbed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dishwasher			
A. Dishwashing machine provides a final hot water sanitizing rinse to code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Food Preparation Sink Provided, indirect plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Service Sink (Mop Sink) provides hot and cold running water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Missouri Department of Health and Senior Service
 Bureau of Environmental Health Services
 Food Establishment Pre-Opening Checklist

Item	Yes	No	N/A
11. Test Strips for Chemical Sanitizer			
A. Test strips provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine		Iodine	
Quat			
B. Buckets/spray bottles for wiping cloths provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type of sanitizer: Chlorine		Iodine	
Quat			
12. Refrigeration/Freezer Units			
A. Capable of cold holding to 41°F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sufficient capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hot Holding Units			
A. Capable of hot holding to 135°F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Sufficient capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Temperature Measuring Devices			
A. Located in hot and cold holding units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Available for food monitoring (0° - 220°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Storage Areas			
A. Shelves easily cleanable and properly constructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Shelving provided to store items 6 inches above floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have major renovations occurred? What type (plumbing, electrical, new equipment, etc)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Equipment			
A. Good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Properly spaced for easy cleaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Food Contact & Non-Food Contact Surfaces			
A. Good condition, smooth and easily cleanable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Washed and sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Toxic Materials			
A. Storage location away from food and food related items	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper labeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ventilation			
A. Hood system adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Hood system clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Pest Control			
A. Establishment free from rodents and insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outer openings properly protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Professional pest control provided	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Lighting			
A. Adequate lighting provided over food prep, utensil washing, storage and restroom areas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Light fixtures properly shielded in food prep and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Refuse			
A. Outside trash receptacle, provided with tight fitting lid, maintained in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Inside trash receptacle(s), capacity, maintained in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Demonstration of Knowledge			
A. Person-In-Charge has a certificate in Food Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases, HACCP, food safety, proper food handling, etc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Consumer Advisory			
A. Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. Special Process			
A. HACCP plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Recordkeeping in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Complete inspection report to document pre-opening inspection. This checklist is meant only to serve as a reminder for the inspector; it does not replace the inspection report or knowledge of the rule.



Collection Location flying w sotre and campground		Collector and Phone jones, roma 573/729-3106	Client Reference	Accession # 312131
12099 STATE HWY K JADWIN, MO 65501		Collected 2019-10-10 09:40	Received 2019-10-11 08:40	Project
Report To	JONES, ROMA DENT COUNTY HEALTH CENTER 601 SOUTH MCARTHUR SALEM, MO 65560			Sample Description
				Sample Type Drinking Water
				Sample Source
				Sample Note(s)

ADDITIONAL SAMPLE INFORMATION

Bottle Number: 87432
County: DENT
GPS Latitude: Not Provided
GPS Longitude: Not Provided
Owner: HUNT, JOSHUA
Owner Telephone Number: 573/247-7355
Supply Type: Non-Community Public

Location Type: Grocery/Convenience Store
Location Establishment Number: Not Provided
Construction Type: Drilled Well
Sewage Disposal: On-Site
Resample After Treatment: No
No Charge Justification: Government Entity

RESULTS OF ANALYSIS - FINAL REPORT

<u>TEST</u>	<u>RESULT</u>	<u>ANALYSIS NOTE(S)</u>
Total Coliform and E.coli Bacteria, 9223B-PA Total Coliform Bacteria E.coli	Absent, Bacterially Safe Absent	1

SAMPLE AND ANALYSIS NOTES

1. Interpretation: If the total coliform result is "Present, Bacterially Unsafe" and/or the E. coli result is "Present", the sample is considered UNSATISFACTORY for drinking water purposes and you should consider disinfecting your well. Well disinfection instructions can be found at the Bureau of Environmental Epidemiology's website at 'health.mo.gov/private-drinking-water'. For further assistance, please call 573-751-6102.

If the total coliform result is "Absent, Bacterially Safe" and/or and E. coli tests are reported "Absent", the sample is considered SATISFACTORY 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.

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.

ANALYSIS INFORMATION

<u>TEST</u>	<u>ANALYZED</u>	<u>SITE</u>	<u>RELEASED</u>	<u>ANALYSIS PREP</u>
1. Total Coliform and E.coli Bacteria, 9223B-PA	2019-10-11 09:07 VK	2	2019-10-15 09:02 AJ	

SITE(S) PERFORMING TESTING

2 MSPHL, 101 N CHESTNUT STREET, PO BOX 570, JEFFERSON CITY, MO 65102; Phone 573/751-3334; Bill Whitmar, Laboratory Director



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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TIME IN: 1:00p TIME OUT: 1:15p
PAGE 1 of 1

BASED ON AN INSPECT ON 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: Flying W Store + Campground OWNER: Joshua L Hunt PERSON IN CHARGE: Kristina Smith
ADDRESS: 12099 Hwy K COUNTY: Dent
CITY/ZIP: Jaden 65501 PHONE: 513-247-7355 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. _____
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	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			IN	OUT	N/A		Proper hot holding temperatures
IN	OUT	N/O			IN	OUT	N/O	N/A	Proper cold holding temperatures
IN	OUT	N/O			IN	OUT	N/O	N/A	Proper date marking and disposition
IN	OUT	N/O			IN	OUT	N/O	N/A	Time as a public health control (procedures / records)
		Preventing Contamination by Hands							
IN	OUT	N/O			IN	OUT	N/A		Consumer Advisory
IN	OUT	N/O					Highly Susceptible Populations		
IN	OUT				IN	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered
		Approved Source							
IN	OUT				IN	OUT	N/A		Chemical
IN	OUT	N/O	N/A		IN	OUT			Food additives: approved and properly used
IN	OUT				IN	OUT			Toxic substances properly identified, stored and used
IN	OUT						Conformance with Approved Procedures		
IN	OUT	N/O	N/A		IN	OUT	N/A		Compliance with approved Specialized Process and HACCP plan
		Protection from Contamination							
IN	OUT	N/A			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							
IN	OUT	N/O							
IN	OUT				Food separated and protected				
IN	OUT				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									
		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			
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Physical Facilities			
		Wiping cloths: properly used and stored						Hot and cold water available; adequate pressure			
		Fruits and vegetables washed before use						Plumbing installed; proper backflow devices			
										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: Kristina Smith Date: 11-7-19
Inspector: [Signature] Telephone No. 121-3106 x235 EPHS No. 1168
Follow-up: Yes No
Follow-up Date:



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TIME IN 7:05	TIME OUT
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ESTABLISHMENT NAME Flying W Store + Campground		ADDRESS 12099 State Hwy K		CITY Jadwin	ZIP 65501
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.		

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

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
0201.11	Walls in 30at sink area and beer case need covered with something smooth + easily cleanable	11-8-19	MS

EDUCATION PROVIDED OR COMMENTS
 As soon as we get a good water sample result from state lab - store will be allowed to open.

Person in Charge / Title: Lynn Smith	Date: 10-11-19
Inspector: Dana Jones EPHS II	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No. 727-315 X235	Follow-up Date: 11-8-19
EPHS No. 1168	