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ESTABLISHMENT NAME Flying W Storet Camparoun	ADDRESS 2090	1 HWV K	CITY	ZIP 550	1
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP.	
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Code	PRI	ORITY ITEMS		Correct by	Initial
Reference Priority items contribute directly to the elir or injury. These items MUST RECEIVE I	nination, prevention or in MMEDIATE ACTION was a contract of the contract of	reduction to an acceptable level, hazards a rithin 72 hours or as stated.	ssociated with foodborne illness	(date)	mitiai
8-102.11 Person 9n (harap	connot demi	nstrate:		
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A COMPAGEOR	D No o	NR UDDVIENT	h		
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4 1001 /	anoli-	ers Certi	ticates		
tercetor and the second and the seco	Control Contro	Control with both and the second of the seco			
Code					
	erational controls facilit	PRE ITEMS ies or structures, equipment design, general	al maintenance or sanitation	Correct by Ini (date)	itial
		savioted by the next regular mapsellor	Tor as stated.		
					7.00
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·	EDUCATION .	PROMPTED OF 1221			
Springer com	EDUCATION P	PROVIDED OR COMMENTS			
David College	Litel	us iom			
Person in Charge /Title:			Date: 8-14	0-2001	-
Inspector: ADMA FRANCE	Telephor	67-3100 1100	Follow-up: Date:	3-19-2	4
MO 580-1814 (11-14)	ISTRIBUTION: WHITE - OWNE	CANARY - FILE COPY		E	6.37A



8/19	-14:07A	-12:00p	
8/16	TIME IN 9A	TIME OUT	
	PAGE 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 OWNER: ESTABLISHMENT NAME: PERSON IN CHARGE: ADDRESS: COUNTY: CITY/ZIP; FAX: PHONE P.H. PRIORITY: H H M K L ESTABLISHMENT TYPE ☐ DELI ☐ TEMP. FOOD ☐ BAKERY C. STORE ☐ CATERER **GROCERY STORE** ☐ INSTITUTION SENIOR CENTER ☐ RESTAURANT ☐ SCHOOL ☐ TAVERN ☐ MOBILE VENDORS **PURPOSE** ☐ Pre-opening ■ Routine ☐ Follow-up ☐ Complaint ☐ Other FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY ☐ Approved ☐ Disapproved ☐ Not Applicable ☐ PUBLIC NON-COMMUNITY ☐ COMMUNITY ☐ PRIVATE License No. 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 Compliance cos Potentially Hazardous Foods IN OUT Person in charge present, demonstrates knowledge, IN OUT N/O N/A Proper cooking, time and temperature and performs duties Employee Health IN OUT N/O N/A Proper reheating procedures for hot holding IN OUT IN OUT N/O N/A Management awareness; policy present Proper cooling time and temperatures IN/OUT Proper use of reporting, restriction and exclusion IN OUT N/O N/A Proper hot holding temperatures IN OUT Proper cold holding temperatures N/A IN OUT NO Proper eating, tasting, drinking or tobacco use IN OUT N/O N/A Proper date marking and disposition IN OUT NO No discharge from eyes, nose and mouth IN OUT N/O N/A Time as a public health control (procedures / records) Consumer Advisory IN OUT NO 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 IN OUT Adequate handwashing facilities supplied & IN OUT N/O N/A Pasteurized foods used, prohibited foods not accessible offered 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 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 IN OUT N/A Compliance with approved Specialized Process destruction and HACCP plan The letter to the left of each item indicates that item's status at the time of the IN OUT N/A Food separated and protected inspection. IN OUT N/A OUT = not in compliance Food-contact surfaces cleaned & sanitized IN = in compliance N/O = not observed N/A = not applicable IN OUT NO Proper disposition of returned, previously served. COS = Corrected On Site R = Repeat Item reconditioned, and unsafe food Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods IN COS IN OUT Proper Use of Ute Pasteurized eggs used where required In-use utensils: properly stored Water and ice from approved source Utensils, equipment and linens: properly stored, dried, handled Single-use/single-service articles: properly stored, used Adequate equipment for temperature control Gloves used properly Approved thawing methods used Thermometers provided and accurate Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used Warewashing facilities: installed, maintained, used; test strips used Food properly labeled; original container Nonfood-contact surfaces clean Prevention of Food Contaminat Insects, rodents, and animals not present Hot and cold water available; adequate pressure Contamination prevented during food preparation, storage Plumbing installed; proper backflow devices and display Personal cleanliness: clean outer clothing, hair restraint, Sewage and wastewater properly disposed fingernails and jewelry Wiping cloths: properly used and stored Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean Fruits and vegetables washed before use Person in Charge /Title: Date: Inspector: Telephone No. FPHS No. Follow-up: X Yes No Follow-up Date DISTRIBUTION: WHITE - OWNER'S COL CANARY - FILE COP



8/19	-11:07A-	12:00	pm
8/16	TIME IN 19 K	TIME OUT	
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ESTABLISHMENT NAME ADDRESS		CHY	ZID	
Flying W Store + Camparound 1209	9 HWVK	Jadwin	65501	
FOOD PRODUCT/LOCATION TEMP.	FOOD PRODUCT/		TEMP.	
Deosi Deosi Cooler 34	Mtn. Della P	per Cave	240	
chiverade Gatorade Cooler 30°			- ' '	
Tup Avanteo Cooler 34				
Badon Avantoo Cooler 340				
egas Avanto Coder 38°				
Reference Priority items contribute directly to the elimination, preventio or injury. These items MUST RECEIVE IMMEDIATE ACTION	PRIORITY ITEMS n or reduction to an acceptable level, hazards as DN within 72 hours or as stated.	ssociated with foodborne illness	Correct by Initia (date)	al
1-601.11 A Obs: inside traster over dir	ty.		CDS 0	1
2.30(1) Ohs (@ 22) 20 at 100	0	1.0		1
	verly washing hands	s before making	COS	
D127a,				
4-601.11A Dosidead flips in hottom is	rsides of peosicoply	er + Gaterado.	006	
Cooler.	iones or pepsinon	or carrate		
3-30a.11 Obs: Bacon + eggs store	d above sinalesen	redrintsin	rns !	
Avantinomient				
+-102.11 Obs: no sanifizer made an	id the two people work	and didn't	205	
Know how to mix it.				
1/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0				
+601.11A Obs: bottom of pizza prep	hidge divty,		105	
Hop, 11AObs; thick baked on greas	e of two haking par	sat pizza buen,	(05)	
	- 37	- Fred - I	44	
Code Reference Core items relate to general sanitation, operational controls,	CORE ITEMS	al maintananae as sanitatios	Correct by Initial	
standard operating procedures (SSOPs). These items are	to be corrected by the next regular inspection	or as stated.	(date)	
HOI, 110 Clos: Alligator Ice machin	re spouts with stuck	on debris on 1	705 L	
both tlawors.				
-2010 005105050	/1 - > 1			
2011 Obs. 110 paper Towers at	hand sink.		105	
	rand sink.		D5	
	and Sink.	1 1 0	1-110-24	
2 Vict Side	lean dishes in las	t vat of	05	
O VUI OIIUCI				
5-304 IN DIE; Wet cloth draped on	ver 3 vat sink.		06	
on the state of th	VEI SILL AILE			-
HOU. IC Obsitable with traster in	en in back part of	From dirtu	202	
The state of the s	The purior	John Mirig.		
+501.11 Obs: torn Seal on left of	por of Peosi coole	r	-11004	
			ara I	
1-601.11Clobs: obtside of Avantao	gotdon voller divid	to sight + touch.	COSIT	
HallICOps! Dutside of coffeemal	cerdituto sight and	touch.	DS 114	
EDUCATION	ON PROVIDED OR COMMENTS			
		LAWA LAWA LAWA TANINA		
Person in Charge /Title:		Date: 8-1/0-	2024	
Inspector: Tele	phone No. EPHS No.	Follow-up:	Yes No	
BOTHULADINO EPHOLI 1973	3-174-310b 1102	Follow-up Date:	liabil	
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PAGE 3 of	3

ESTABLISHMENT NA	store + Camparound	ADDRESS 12099	HWYK	city 50	lem	ZIP 55	100
FOOD	FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION			TEMP.			
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						-	
Code Reference Price or it	ority items contribute directly to the elin injury. These items MUST RECEIVE I	nination, prevention or n MMEDIATE ACTION w			n foodborne illness	Correct by (date)	Initial
T-WILLIA OI	s: Delfield plzza l	reezer with	n debhs in bot	tom.		005	
4-601,11(A)	Dos: Build up of	ice+debr	15-ESPECIALLY	Le Co.)	ight one.	9-16-22	
4-601.11(4)	Obs: Clean Cont		th food resid		containers	005	-/1
	THE STOPEN WIFT	will al	an contain	ers)			一人人
2-1021101	E'MITAROK INDE A	Sensafe	e Frank I be	dlassa	Cala	000	1
a want of	t is not the o	ne of dur	tu duinat	he dou A	MOYU -	us	-
	ho is the lesso	n Char	at needs at	road houng	les	7-16-24	[1]
T.	(thicode	Lanny o	D Olivia)	<u> </u>			M
				*			101
						-	1
							1
Code							
Reference Core	items relate to general sanitation, op- dard operating procedures (SSOPs).	erational controls faciliti	RE ITEMS ies or structures, equipment of	lesign, general maintenand	ce or sanitation	Correct by (date)	Initial
4-603.16(A)	Obs: wrong order	e 000		Sanitize, rin	-	105	AVI
Cle	arina marked or	1 Sinks - als	o sink mark	ed rinse ha	da	0-0	
	THE WILL CL	DIES (AL	DYKS III IT.				
4-501.14 Ob	si 3 vatank div	hy.				005	
4-301, 13 Ob	sidming dishe	5 in this	I vot of 3 vo	+ Sink		005	
41019 05	6; K8 11 = 2 = 1	10	0,000				
I-IU,III UL	s: raw wood sh	elt unde	r pizza he	at hold.		1-16-24	
0-501.1141	Dos: extra club	ter in bai	ck room : E		linu "	9-16-24	
01	100 05 3 VOLS	er and L	wedeater	stringin s	ante		
	THE CHILL	III.					1
4-204.112016	s:nothermomete	er in bee	rane.			1-16-21	
							g) n
		EDUCATION P	ROVIDED OR COMMEN	TS			
Person in Charge	Title:			Date	9: 9-11	0-202	14
Inspector:	MOD FPHST	Telephon	ne No. EPHS		ow-up:	Yes	l No
MO 580-1814 (11-14)	D	STRIBUTION: WHITE - OWNER	R'S COPY DO CANARY	- FILE COPY	ow-up Date:	19 24	E6.37A