

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

8/19	1-14:07A-	- 18:00p
0/16	-TIME IN 9A	TIME OUT
	PAGE of	3

NEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY ECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY S FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY	BE SPEC	MPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE CIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY IN CESSATION OF YOUR FOOD OPERATIONS.			
ESTABLISHMENT NAME: OMNOGROUND OWNER: TOSHUAL HUNT PERSON IN CHARGE:						
ADDRESS: 20	19 HWV K	COUNTY: Dent				
CITY/ZIP: adw	in 65501 SHONE 247-	FAX: P.H. PRIORITY:   H   M   L				
ESTABLISHMENT TYPE  BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  DELI  RESTAURANT  SCHOOL  SENIOR CENTER  TEMP. FOOD  TAVERN  MOBILE VENDORS  PURPOSE						
☐ Pre-opening		Other				
FROZEN DESSER  Approved Disapp License No.	FROZEN DESSERT    Approved   Disapproved   Not Applicable   License No.   PRIVATE					
Dials from the state of the sta			INTERVENTIONS			
foodborne illness outb	reaks. Public health interventions are control measures to	only report o prevent f	ted to the Centers for Disease Control and Prevention as contributing factors in foodborne illness or injury.			
Compliance IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge,	COS R	R Compliance Potentially Hazardous Foods COS R  IN OUT N/O N/A Proper cooking, time and temperature			
	and performs duties					
IN OUT	Employee Health  Management awareness; policy present		IN OUT N/O N/A Proper reheating procedures for hot holding IN OUT N/O N/A Proper cooling time and temperatures			
IN/OUT	Proper use of reporting, restriction and exclusion Good Hygienic Practices		IN OUT N/O N/A Proper hot holding temperatures IN OUT N/A Proper cold holding temperatures			
IN OUT NO	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)			
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed	-	Consumer Advisory  IN OUT N/A Consumer advisory provided for raw or			
IN OUT N/O	No bare hand contact with ready-to-eat foods or		undercooked food Highly Susceptible Populations			
IN OUT	approved alternate method properly followed  Adequate handwashing facilities supplied & accessible		IN OUT N/O N/A Pasteurized foods used, prohibited foods not			
- marine	Approved Source		offered Chemical			
IN OUT N/O N/A	Food obtained from approved source Food received at proper temperature		IN OUT N/A Food additives: approved and properly used IN OUT Toxic substances properly identified, stored and			
IN OUT N/O N/A	IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available: shellstock tags, parasite		Used  Conformance with Approved Procedures  IN OUT N/A Compliance with approved Specialized Process			
11 001 11/0 11/1	destruction  Protection from Contamination		and HACCP plan			
IN OUT N/A			The letter to the left of each item indicates that item's status at the time of the inspection.			
IN OUT N/O	Food-contact surfaces cleaned & sanitized  Proper disposition of returned, previously served,		IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed			
111 001 11/0	reconditioned, and unsafe food		COS = Corrected On Site R = Repeat Item			
		THE RESERVE AND PERSONS ASSESSED.	PRACTICES duction of pathogens, chemicals, and physical objects into foods.			
IN OUT	Safe Food and Water CO		IN OUT Proper Use of Utensils COS R			
	urized eggs used where required r and ice from approved source		In-use utensils: properly stored Utensils, equipment and linens: properly stored, dried,			
	Food Temperature Control		handled Single-use/single-service articles: properly stored, used			
	uate equipment for temperature control		Gloves used properly			
	oved thawing methods used nometers provided and accurate		Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly			
	Food Identification	3 22	designed, constructed, and used  Warewashing facilities: installed, maintained, used; test			
		11 13 13	strips used			
F000	properly labeled; original container  Prevention of Food Contamination		Nonfood-contact surfaces clean Physical Facilities			
	ts, rodents, and animals not present		Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices			
Contamination prevented during food preparation, storage and display						
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry  Wining cloths: properly used and stored			Sewage and wastewater properly disposed			
	g cloths: properly used and stored and vegetables washed before use		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained			
Person in Charge /7	Title:		Physical facilities installed, maintained, and clean			
0-16-dust						
Inspector: Telephone No.   EPHS II   Telephone No.   EPHS No.   Follow-up:   Yes   No.   Follow-up Date:   9-19-2024						
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - OW	VNER'S COPY	VIDA CANARY-FILE COPY (E6.37			



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8/19	-11:07A-	12:00	pm
9/16	TIME IN 19 A	TIME OUT	
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ESTABLISHMENT NAME Flying W Store + Camparaind	ADDRESS	Humb	CITY	ZIP_550	1
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRO	DODUCT/ LOCATION	TEMP.	1
Deosi Deosi Cooler	340	Mtn. Dew	Beer Cave	240	
Dowerade Gatorade Cooler	30°				
Tup Avantoo Gooter	340				
Bacon Avanto Cooler	340				
egas Avanto Coder	PRI	ORITY ITEMS		Correct by In	nitial
Reference Priority items contribute directly to the elii or injury. These items MUST RECEIVE I	mination, prevention or MMEDIATE ACTION w	reduction to an acceptable level, within 72 hours or as stated.	hazards associated with foodborne illness	(date)	
4-601.11 A Obs: inside traster	over dirty			COS 0	1
2-301.12 Obs: @00000000000	Im Omoe	Lu L. Vichinaly	ands before making	COG	
Dizza.	Propos	m wasning i	MILIS STORE THUMING	005	
4-601.11A Dosidead Pipsin	notten ins	ides of new:	50-10-15-10-1	000	144
CODIEV.	Jaioin (118	ices or pepsi	cooler + Galerade	CUS /	
	S Stored	above Single	serve drinks in	COS	
Avantrocopler	<u> </u>	0			
4-70211 Obs: no sanitiver	nade and	the two people	working didn't	000	
4-702.11 Obs! no sanifizer 1 Know how to mix	CIT.	Tex in proper			
4-601.114 Obs: bottom of niz	22-04-5	Side di Li			
4-601.11A Obs: bottom of piz	ca prep t	nage airty,		105	1
Han HARbeithick behad s	VA AVRACE	ACH INTELLE	a aa ac a L aigza II aa	(05	
Hoo, 11AObs; thick baked a	rigrease	or Two balan	J Pansur pizza buen,		4
Code Reference Core items relate to general sanitation, op	erational controls facili	ORE ITEMS	ign, general maintenance or conitation	Correct by Initia	ial
standard operating procedures (SSOPs).	These items are to be	corrected by the next regular	inspection or as stated.	(date)	
both Flourors.	machine	Spoutswith 5	tuck on debris on	ab .	11
0111110003					
2 III		rand sink.		205	
osolill Obsing hand so	ap at ha	nd sink.		ms I	
5-501.160005: no trash ca t-501.16 Obs: during rack	n at ha	nd Sink.	a locativat of	The lop	-
3 vat sink		esci i ci si co ii	MOIVATOR A	25	
7.201 11.01	4.7. 4				
5-304, 14 Obs: Wet cloth du	apped ove	er 3 vat sink.		05	
1-601,110 Obsitable with too	Ster Me	n in back pa	vt of hom divta	CAS	
The state of the s			, or room and		
+501.11 Obs: torn Seal or	left dos	or of Hepsi c	ooler.	Hody	
Hallicops, pitter of the	vantrah	atom in land	live to Sight I to	COC	1
HOLLIC DOS! DUASIDO OF CE	offeemake	validated solut	and touch.	000	1
The state of the s	EDUCATION I	PROVIDED OR COMMENTS			
Person in Charge /Title:			Date: 0 1/	0001	
0-10-2009					
Inspector PHS]	Telepho	one No. EPHS N	Follow-up: Sollow-up Date:	Yes D	No
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - OWN	IER'S COPY CANARY - FI		/1 1/ 0 E6.	6.37A



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

8/19-11:07A	- 12:00P
8/16-TIMEINGA	TIMEOUTOA
PAGE 3 of	3

ESTABLISHMENT		ADDRESS	11 17	CITY	ZIP	
Huirak	1 Store + Camparound	12099	MYK	Salem	6556	0
F00	D PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/		TEMP.	
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				the state of the s		
0.4						
Code Reference	Priority items contribute directly to the elin	PRIC	DRITY ITEMS			Initial
	or injury. These items MUST RECEIVE II	MMEDIATE ACTION W	eduction to an acceptable level, hazards a ithin 72 hours or as stated.	ssociated with foodborne illness	(date)	
4-1001.11A		reezer with	debis in bottom.		005	-
() ( a) ( (4)						1
4-601,11(A.	Obsi build up of	ice+deby	15-ESPECIALLY COLL	omationt one.	9-16-24	
111011111			(Bhewet Ice	(Co.) J	100	
4-101.11(A)	) DOS: Clean Cont	aners wi	th tood residue ir	Side Containers	005	1 2
	were stored with	Other de	an containers)			MA
						10
00011	N		t and the second			
2700.11	105: Owner has a	Sensate	ctood Handlers	certificate	COS	
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	ertificate.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Olivia )	1 W WIND	THE PARTY OF THE P	
Napper State of State		- min	VIVIU)			K
						1/4
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Code Reference	Core items relate to general sanitation, ope	erational controls faciliti	RE ITEMS es or structures, equipment design, gener	al maintenance or conitation		itial
8	tandard operating procedures (SSOPs).	These items are to be	corrected by the next regular inspection	n or as stated.	(date)	
4-603.16/A	) Ubs! wrong order	tor 3 vats	Sink wash, Sanitiz	e vinse 15	105 4	W
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Į.	Brack and cle	and dis	shes in it			
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1-001.1190	bs: nothermometer	or in bee	rane.		11000	
					Q)	7
EDUCATION PROVIDED OR COMMENTS						
Person in Char	ge /Title:			Date: Q	1-2021	1
0-10					D Wo	7
Inspector:	AMON EPHS II	reiepnor	ne No. EPHS No.	Follow-up:	Yes 🗆	NO
MO 580-1814 (11-14)	D	ISTRIBUTION: WHITE - OWNE	R'S COPY CANARY - FILE COPY	T ollow-up Date.	14 OHE	6.37A