



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

TIME IN: 3:24p TIME OUT: 3:20p
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: Country Mart		OWNER: Joe Polizzi		PERSON IN CHARGE:	
ADDRESS: 1204 E. Hwy 33				COUNTY: Dent	
CITY/ZIP: Salem 65560		PHONE: 729-3455	FAX: 729-5821	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" 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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> 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/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
 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: <i>[Signature]</i>			Date: 5-7-2025		
Inspector: <i>[Signature]</i> EPHS#		Telephone No. 573-724-3106	EPHS No. 1163	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Follow-up Date:		