



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

2/20/26 11:55A 12:25P
TIME IN 12:56p TIME OUT 2:30p
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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: Elizabeth Herboth	
ADDRESS: 201 S. Main Street				COUNTY: Dent	
CITY/ZIP: Salem 65560		PHONE: 784-5492	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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" 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

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 <input checked="" type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties			IN <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
Employee Health				IN <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
IN <input checked="" type="checkbox"/>	Management awareness; policy present			IN <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
IN <input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN <input checked="" type="checkbox"/>	Proper hot holding temperatures		
Good Hygienic Practices				IN <input checked="" type="checkbox"/>	Proper cold holding temperatures		
IN <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/>	Proper date marking and disposition		
IN <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				IN <input checked="" type="checkbox"/>	Consumer Advisory		
IN <input checked="" type="checkbox"/>	Hands clean and properly washed			IN <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN <input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible Populations			
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			IN <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
IN <input checked="" type="checkbox"/>	Food obtained from approved source			IN <input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN <input checked="" type="checkbox"/>	Food received at proper temperature			IN <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
IN <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
IN <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination				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 <input checked="" type="checkbox"/>	Food separated and protected						
IN <input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN <input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control				Single-use/single-service articles: properly stored, used					
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used			Utensils, Equipment and Vending				
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification				Warewashing facilities: installed, maintained, used; test strips used					
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
Prevention of Food Contamination				Physical Facilities					
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
				Physical facilities installed, maintained, and clean					

Person in Charge / Title: <i>Elizabeth Herboth</i>			Date: 2-20-2026		
Inspector: <i>Edna Jones EPHS II</i>	Telephone No. 784-3106 X106	EPHS No. 1108	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: 2-25-26	

3-23-26



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ESTABLISHMENT NAME Casey's #2		ADDRESS 201 S. Main Street		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
pepperoni pretable		36°	swisscheese Deli make table		40°
sausage " "		35°	cut onion " " "		41°
egg/sausage/cheese " fridge		29°	shredded cheddar Deli prep fridge		40°
American cheese " "		40°	milk walk in cooler		38°
Deli Salami Deli make table		38°	Boiled eggs cold		41°

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
4-601.11A	Obs: potholder dirty to sight and touch.	2-25-26	EH
4-601.11A	Obs: dirty containers under the cabinet holding the microwave next to the front counter.	CDS	EH
	Obs: no serve safe, foot safety etc,	2-25-26	EH

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	Obs: wiping cloth laying on sink not in sanitizer.	CDS	EH
4-601.11C	Obs: shelf next to 3 vat sink storing cleaners = outside of all containers dirty to sight + touch.	2-75-26	
4-601.11C	Obs: debris in utensil drawers in stainless steel table.	2-25-26	
4-601.11C	Obs: icing shelf has debris on it.	3-23-26	
4-601.11C	Obs: debris on outside of icing buckets	3-23-26	
3-602.11C	Obs: a container of iced treats inside walk in freezer date labeled.	CDS	
4-601.11C	Obs: outside of containers in walk in freezer with debris	3-23-26	EH

EDUCATION PROVIDED OR COMMENTS
 Ice Cream Machine out of service

Person in Charge / Title: *[Signature]* Date: 2-23-2026
 Inspector: *[Signature]* EPHS II Telephone No. 724-3106 x106 EPHS No. 1168
 Follow-up: Yes No
 Follow-up Date:

