



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

TIME IN: 11:27am TIME OUT: 1:25pm
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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: <i>Tradewinds Store</i>	OWNER: <i>Dorothy Wind (children)</i>	PERSON IN CHARGE: <i>Bob Wind</i>
ADDRESS: <i>2602 Hwy 119</i>	CITY/ZIP: <i>Jalem 65560</i>	PHONE: <i>573-674-2139</i>
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		COUNTY: <i>Dent</i>
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" 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		
Approved Source				Highly Susceptible Populations			
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT	Adequate handwashing facilities supplied & accessible			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				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	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						

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>Rolled over Part owner</i>	Date: <i>06/22/2026</i>
Inspector: <i>Roderson Alves / Prerana Thapa</i>	Telephone No.: <i>573-729-3106</i>
EPHS No.: <i>2001/2002</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <i>06/26/2026</i>



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ESTABLISHMENT NAME Tradewinds Store		ADDRESS 2602 Hwy 119		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Hot dog / freezer		8°F			
Whipped topping / freezer		24°F			
Milk / freezer		41°F			

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: freezer needs defrosting.	6-26	Bw
3-302.1	Obs: Meat items placed over ready to eat items in the refrigerator.	COS	
4-601.11A	obs: Bottom of cooler with drinks need cleaning	6-26	
4-301.11	obs: Shampoo bottles placed on top shelf to antacids & medications. Shampoo should be moved down, skin cream, sunscreen gel should be moved down.	6-26	
3-501.17(B)(2)	Obs: Roasted turkey breast exceeded use by date and is unsafe to consume...	6-26	Bw

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
5-301.14	Obs: No hand washing signage in the hand sink behind cooler.	6-26	Bw
6-301.12	Obs: No paper towel at hand sink and 3-vat sink.	6-26	
6-301.11	Obs: No hand soap at hand sink.	6-26	
5-501.16(C)	Obs: No wastebasket at hand sink. at 3-vat sink	6-26	
4-602.12(B)	Obs: Inside of Microwave rusty & dented.	COS	
5-501.12(A)	Obs: Floor around coolers have debris, need cleaning	6-26	
4-204.12	Obs: No thermometer inside the True cooler.	COS	
4-601.11C	Obs: Shelves next to the freezer dusty with dirty rag	6-26	Bw

EDUCATION PROVIDED OR COMMENTS
 • Back counter with employee food items need labeling
 • Cloth towel used in the hand sink, 3-vat sink

Person in Charge / Title: **[Signature] Part owner** Date: **06/22/2026**

Inspector: **Roderson Alves / Berana Thapa** Telephone No. **573-727-3106** EPHS No. **2001/2002** Follow-up: Yes No
 Follow-up Date: **6/26/26**

