



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

TIME IN 930	TIME OUT 1200
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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: The Store #1	OWNER: USA Investments, LLC	PERSON IN CHARGE: Brandy Jones
ADDRESS: 1702 First Steet		COUNTY: 069
CITY/ZIP: Kennett, MO 63857	PHONE: 573-717-7713	FAX:
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"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <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	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 _____
License No. NA		

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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN <input checked="" type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN OUT <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"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN <input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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 N/O = not observed

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"/>	<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			<input checked="" type="checkbox"/>		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				<input checked="" type="checkbox"/>	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"/>	<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		
						<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Brandy Jones	Date: 07/17/2024
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008
EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: 7/22/2024



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ESTABLISHMENT NAME		ADDRESS		CITY / ZIP		
The Store #1		1702 First Steet		Kennett, MO 63857		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Walk in Cooler		39	True 3 door		40	
Walk in Freezer		-10	Raw shell eggs/Counter		71	
Sausage Mix/Hot Hold		136	Maxx Cold 3 Door		4	
Traulsen 2 Door		2	Fried Bologna/Stovetop		110	
Chicken/HOT Hold		138	Fried Eggs/Stovetop		111	
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
	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.					
6-501.111	Observed multiple life stages of roaches throughout entire kitchen, observed around mop sink, 3 door cooler, 3 vat sink, ice maker and below warmer. Provide pest control records for follow up				7/22	BJS
3-101.11	Moldy potato salad in walk in cooler, voluntarily discarded				COS	BJS
3-501.17	Opened Potato salad not dated in walk in cooler				7/22	BJS
3-501.17	Multiple ready to eat foods in walk in cooler not dated, (Open ham and sliced bologna)				7/22	BJS
6-501.111	Roaches observed in storage containers that hold flour and corn meal, Voluntarily discarded				COS	BJS
3-501.16B	Raw whole shell eggs sitting on counter at room temp (71 degrees), voluntarily discarded				COS	BJS
3-701.11	Bag of onions sitting on floor in kitchen with roaches crawling all over, voluntarily discarded				COS	BJS
3-101.11	3 #10 cans badly dented, voluntarily discarded				COS	BJS
3-501.16B	Multiple cooked food sitting on stove top and not being held 135 degrees or above (sausage 118, Fried Bologna 110, Fried Eggs 111)				COS	BJS
7-202.12(2)	Raid pesticide sitting on shelf in kitchen. not approved for food establishments				7/22	BJS
4-702.11	No sanitizer for cleaning dishes or food contact surfaces				7/22	BJS
	Core items below					
4-302.14	No thermometer for checking food temperatures					BJS
5-202.12A	No hot water at kitchen handsink				7/22	BJS
6-501.12A	Floor and walls soiled behind equipment in kitchen				7/22	BJS
6-501.11	Water damage and foam insulation hanging down in rear storage room				7/22	BJS
Code Reference	CORE ITEMS				Correct by (date)	Initial
	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.					
6-501.12A	Repeat: Floors behind box soda syrup soiled, clean				7/22	BJS
5-205.11B	Handsink had multiple utensils in it, sink is for handwashing only				7/22	BJS
6-501.16	Repeat Mops laying in floor or in bucket, shall be hung to allow them to properly air dry				7/22	BJS
6-501.12A	Wall next to mop sink soiled with food and debris, clean				7/22	BJS
6-501.12A	Floors in kitchen soiled with food and debris				7/22	BJS
4-601.11C	Shelving holding spices and sauces soiled with food				7/22	BJS
3-501.13	Bags of chicken sitting in 3 vat sink, improper thawing				7/22	BJS
6-501.11	Repeat: Missing floor tiles in warewash area				7/22	BJS
4-204.112	No thermometer in 3 door cooler				7/22	BJS
6-501.11	Wet and sagging ceiling tiles throuhout kitchen				7/22	BJS
4-302.14	No test strips for checking sanitizer				7/22	BJS
6-501.114	Unnessecary items and clutter above 3 door cooler				7/22	BJS
6-501.11	Missing coving in kitchen, repair or replace				7/22	BJS
3-304.14	Wiping cloths not stored in sanitizer				7/22	BJS
4-601.11C	Max cold cooler soiled with food and debris				7/22	BJS
Discussed	Manager has agreed to voluntarily close kitchen to clean and to have pest control evaluate. Will reinspect for reopening once completed				BJS	BJS
EDUCATION PROVIDED OR COMMENTS						
NRI Next Routine Inspection						
Person in Charge /Title: Brandy Jones <i>Brandy Jones</i>					Date: 07/17/2024	
Inspector: <i>Chadwick D. Miller</i>		Telephone No. 573-888-9008		EPHS No. 1647		
				Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				Follow-up Date: 7/22/2024		