



**BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT**

TIME IN: 1045 TIME OUT: 1215
PAGE 1 of 2

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: <u>Caseys #2861 Houston</u>		OWNER: <u>Corporate</u>		PERSON IN CHARGE: <u>Patty Yeager</u>	
ADDRESS: <u>1029 S Sam Houston</u>				COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Houston 65483</u>		PHONE: <u>417/434/9369</u>		FAX:	
P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 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 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 type="checkbox"/> Not Applicable License No. _____		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<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
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
Employee Health				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness: policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				Consumer Advisory			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible Populations			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control				Utensils, Equipment and Vending					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification				Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <u>[Signature]</u>			Date: <u>5/1/26</u>		
Inspector: <u>[Signature]</u>	Telephone No. <u>417/961/4131</u>	EPHS No. <u>1723</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____	



BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 1045	TIME OUT 1115
PAGE 2 of 2	

ESTABLISHMENT NAME Casey's #2861		ADDRESS 1029 S Sam Houston		CITY Houston	ZIP 65483	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCATION		TEMP.	
Coffee Cream		35	Pizza		138	
Choc Walker		37	Sandwich		140	
Dough		37	tomato		38	
Grim 26g		38	Sauce		33	
Pepperoni		37.0	Mushroom		33	
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
	no violations					
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
	no violations					
EDUCATION PROVIDED OR COMMENTS						

Person in Charge /Title: <i>[Signature]</i>			Date: 5/1/26
Inspector: <i>[Signature]</i>	Telephone No. 410/101/1017	EPHS No. 1115	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:



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

TIME IN 7/15 TIME OUT 1145
PAGE 1 of 2

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 #2861 Houston OWNER: Corporate PERSON IN CHARGE: Patsy Jeago
ADDRESS: 1027 S Sam Houston COUNTY:
CITY/ZIP: Houston 65483 PHONE: 411/434/9369 FAX: P.H. PRIORITY: H M L
ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS
PURPOSE
 Pre-opening Routine Follow-up Complaint Other
FROZEN DESSERT Approved Disapproved Not Applicable License No. _____ SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY COMMUNITY NON-COMMUNITY 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 N/O = not observed
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: X Army Roberts Date: 8/26/06
Inspector: [Signature] Telephone No.: 411/967/4131 EPHS No.: 1773 Follow-up: Yes No Follow-up Date:



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

TIME IN 11:15	TIME OUT 11:45
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Casey's 2861</i>	ADDRESS <i>1029 Sam Houston</i>	CITY <i>Houston</i>	ZIP <i>65487</i>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
<i>Soft Serve</i>	<i>40</i>	<i>tomato</i>	<i>35</i>
<i>Ice Coffee</i>	<i>37</i>	<i>tomato</i>	<i>35</i>
<i>Egg Crumbles w/fruit</i>	<i>33</i>	<i>Picnic</i>	<i>37</i>
<i>Sausages</i>	<i>35</i>	<i>Sausage</i>	<i>32</i>
<i>Strawberry milk</i>	<i>72</i>	<i>Pepperoni</i>	<i>34</i>

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
	<i>no violation</i>		

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
	<i>no violation</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Denny Roberts* Date: *8/21/25*
 Inspector: *R. P. H.* Telephone No: *417/947/4131* EPHS No: *1773*
 Follow-up: Yes No
 Follow-up Date:



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

TIME IN	TIME OUT
PAGE of	

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>Casey's Houston 2801</i>	OWNER: <i>Corporate</i>	PERSON IN CHARGE: <i>Patsy Goss</i>
ADDRESS: <i>1029 S Sam Houston</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Houston 65483</i>	PHONE: <i>417/967/2288</i>	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 type="checkbox"/> Not Applicable License No. _____	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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN	Food separated and protected						
IN	Food-contact surfaces cleaned & sanitized						
IN	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
 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>X Pamela Davis 2801</i>	Date: <i>6/17/24</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/4131</i>
EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN	TIME OUT
PAGE of	

ESTABLISHMENT NAME <i>Casey's Houston #296 1</i>	ADDRESS <i>Compton 1025 S South St</i>	CITY <i>Houston</i>	ZIP <i>05483</i>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
<i>Soft Serve</i>	<i>39</i>	<i>Letuce</i>	<i>39</i>
<i>Ice Coffee</i>	<i>39</i>	<i>Salad</i>	<i>33</i>
<i>Tomato</i> <i>Walden</i>	<i>31.5</i>	<i>Pizza prep</i>	<i>37</i>
<i>C.Milk</i>	<i>33.5</i>	<i>Mushroom</i>	<i>35</i>
<i>Juice</i>	<i>34.5</i>	<i>Bacon</i>	<i>39</i>
		<i>Sandwich prep</i>	

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
	<i>no violations</i>		

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
	<i>no violations</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>A. Danole</i>	Date: <i>6/17/24</i>
Inspector: <i>968</i>	Telephone No.: <i>417 962 4131</i>
EPHS No.: <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN 10:15 TIME OUT 10:55
PAGE 1 of 2

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 #2861 Houston OWNER: Corpark PERSON IN CHARGE: Kelly Griggs
ADDRESS: 1029 S San Houston COUNTY: Tarrant
CITY/ZIP: Houston 65483 PHONE: 479/434/9369 FAX: P.H. PRIORITY: H M L
ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS
PURPOSE
 Pre-opening Routine Follow-up Complaint Other
FROZEN DESSERT
 Approved Disapproved Not Applicable License No. _____
SEWAGE DISPOSAL
 PUBLIC PRIVATE
WATER SUPPLY
 COMMUNITY NON-COMMUNITY 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 N/O = not observed
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: Kelly Griggs Date: 12/16/24
Inspector: R. P. Telephone No. 417/967/1731 EPHS No. 1715
Follow-up: Yes No
Follow-up Date:



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

TIME IN 11:05	TIME OUT 10:55
PAGE 2 of 2	

ESTABLISHMENT NAME Casey's Houston #2861	ADDRESS 1029 S San Houston	CITY Houston	ZIP 65483
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
Coffee Cream	40	Pepperoni	2 bag 38
Low Coffee	39.5	Sausage	Pizza Prep 36
Chop Milk	38	Sausage	- - 36
Milk	38	Tomato	Cold Prep 1 39
Pepperoni	39.5	Sausage	Cold Prep 2 40

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.

	no violations		
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.

	no violations		
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EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *Sheryl L. Lewis* Date: 12/11/24
 Inspector: *[Signature]* Telephone No. 417/947/4131 EPHS No. 1773
 Follow-up: Yes No
 Follow-up Date:



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

TIME IN	TIME OUT
PAGE	of

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>Casars General Store Hous, 2, 861 Inc</i>	OWNER: <i>2, 861 Inc</i>	PERSON IN CHARGE: <i>P.H. Yeager</i>
ADDRESS: <i>1029 S San Hous</i>	CITY/ZIP: <i>Houston 65489</i>	COUNTY: <i>TEXAS</i>
PHONE: <i>417/767/2288</i>	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"/> 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 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 type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input 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
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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			<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"/>		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: <i>Y McE</i>	Date: <i>4/13/23</i>
Inspector: <i>[Signature]</i>	Telephone No: <i>417/767/471</i>
EPHS No. <i>1713</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN	TIME OUT
PAGE of	

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>Houston Casco's General Store</i>	OWNER: <i>2861 Corp</i>	PERSON IN CHARGE: <i>Patty George</i>
ADDRESS: <i>1027 S Sam Houston Blvd</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Houston 65483</i>	PHONE: <i>417/967/2288</i>	FAX:
P.H. PRIORITY: <input 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 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <i>215 19374 +130/22</i>	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
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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
<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			<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"/>		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:	Date: <i>6/3/22</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/4131</i>
EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN	TIME OUT
PAGE	of

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>Casey's Houston #286</i>	OWNER: <i>Inc</i>	PERSON IN CHARGE: <i>Patty Yeager</i>
ADDRESS: <i>1029 S Sam Houston</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Houston 65483</i>	PHONE: <i>417/967/2288</i>	FAX:
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input 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 type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input 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 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				IN OUT N/A	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				IN OUT N/A	Chemical		
IN OUT	Food obtained from approved source			IN OUT	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 OUT N/A	Food separated and protected			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-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>X Yeager</i>	Date: <i>12/27/23</i>		
Inspector: <i>R PH</i>	Telephone No. <i>417/967/401</i>	EPHS No. <i>173</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			



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

TIME IN	TIME OUT
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PAGE	of
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ESTABLISHMENT NAME <i>Casey's Houston #2861</i>		ADDRESS <i>1029 S San Houston</i>		CITY <i>Houston</i>	ZIP <i>65487</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Chicken Prep table</i>		<i>47 39</i>	<i>Fats</i>		<i>38</i>
<i>Sauce</i>		<i>37</i>	<i>Choc milk</i>		<i>33</i>
<i>Sausage</i>		<i>38</i>	<i>Cond milk</i>		<i>34</i>
<i>Beef</i>		<i>37</i>	<i>Olive</i>		<i>34</i>
<i>Olive</i>		<i>38</i>	<i>Tom.</i>		<i>35</i>

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.

	<i>no violations</i>		
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.

	<i>no violations</i>		
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>X Benjamin [Signature]</i>	Date: <i>12/27/23</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>907/967-4131</i>
	EPHS No. <i>177</i>
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN	TIME OUT
PAGE 2 of 2	2

ESTABLISHMENT NAME Casey's 2861		ADDRESS 1029 S San Houston		CITY Houston	ZIP 65483
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Taco - Soft Shell		32	Taco - Hard Shell		34
Soft Shell		35	Hot Case		151
W. H. Milk		31	Cheese		22
Taco 2 bags		45	Olin		33
Chips		45			

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
7-204.11	Sanitizer to show - D. H. v. Milk 3/1 maybe 4 - get it calibrated -	COS	
3-501.16 A 2	Taco 2 bag Fridge set at 45 drop to 41 or less	COS	

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
	NO VIOLATIONS		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: X [Signature] Jaina Olu Assistant Manager	Date: 6/3/22
Inspector: [Signature]	Telephone No. 417-967-1412
EPHS No. 1113	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN	TIME OUT
PAGE 1 of 2	

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>HOUSTON CASEY'S GENERAL STORE # 2861</i>	OWNER: <i>[Handwritten]</i>	PERSON IN CHARGE: <i>PATTY YAEGER</i>
ADDRESS: <i>1029 S. SAM HOUSTON BLVD.</i>	COUNTY: <i>TEXAS</i>	
CITY/ZIP: <i>HOUSTON, MO. 65483</i>	PHONE: <i>417-967-2285</i>	FAX: <i>-</i>
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"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <i>NEED TO APPLY</i>	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input 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 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 N/O = not observed
 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>Pattya Yeager</i>	Date: <i>8/20/21</i>
Inspector: <i>Ronnie Masto</i>	Telephone No. <i>417-967-4131</i>
EPHS No. <i>920</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

Angel Wells

From: Angel Wells <wells@texasmo.org>
Sent: Tuesday, April 12, 2022 11:31 AM
To: 'jamie.dietrich@caseys.com'
Subject: Inspection Report
Attachments: Caseys Houston.pdf

Kevin called me and walked me through where to find the report. Attached is the lasted report from 8/20/2021.

Respectfully,

Angel Wells, RN
Administrator
Texas County Health Department
417-967-4131

CONFIDENTIALITY STATEMENT

This electronic communication is from the Texas County Health Department and is confidential, privileged and intended only for the use of the recipient named above. If you are not the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, unauthorized disclosure, copying, distribution or use of the contents of this transmission is strictly prohibited. If you have received this message in error, please notify the sender immediately at the following email address wells@texasmo.org or by calling 417-967-4131. Thank you.



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

TIME IN	TIME OUT
PAGE 1 of 2	

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>HOUSTON CASEY'S GENERAL STORE #2261</i>	OWNER: <i>1029 S. SAM HOUSTON BLVD</i>	PERSON IN CHARGE: <i>DANEILLE HAYES</i>
ADDRESS: <i>1029 S. SAM HOUSTON BLVD</i>	CITY/ZIP: <i>HOUSTON, MO. 65483</i>	COUNTY: <i>TEXAS</i>
PHONE: <i>417-467-2285</i>	FAX: <i>---</i>	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" 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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <i>NOLICENSE</i>	SEWAGE DISPOSAL <input 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 _____

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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 <i>(BEFORE)</i>			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						

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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>Daneille Hayes</i>	Date: <i>8/19/21</i>		
Inspector: <i>Thomas D. Acton</i>	Telephone No.: <i>417-467-4131</i>	EPHS No.: <i>920</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: <i>8/19/21</i>



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

TIME IN	TIME OUT
PAGE 2 of 2	

ESTABLISHMENT NAME HOUSTON CASCY'S GENERAL STORE		ADDRESS 1029 E. Sam Houston		CITY HOUSTON, MO	ZIP 65483
FOOD PRODUCT/LOCATION PIZZA / Hot Holding		TEMP. 135°	FOOD PRODUCT/ LOCATION OLIVES / Prep Top		TEMP. 35°
			CHEESE / 1/2 Round Display		38°
			ICED COFFEE / MACHING		38°
CHEESE / BACK 202		41°	IC MIX / MACHING OBO		36° 43°
			MILK / WAIR-IN		36°

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
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3-501.17	CREAMER ICED COFFEE / NO DATE MARK AS REQUIRED		
* OUT OF ORDER STUFF ICE CREAM.			
* CAN'T EAT IN Food prep AREA / WASH HANDS BEFORE GLOVES			

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
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6-501.105	PERSONAL ITEMS / SHOES & COATS CAN'T BE STORED ON Food Equip. SS / ETC. LOCKERS		
5-205.14	HAND SINK USED AS Drying Rack / KEEP OPEN!		
7-302.12	Back Refrig / THERMOMETER 3°/- VISIBLE		
3-304.15	NO SANITIZER Bucket SET - up / CLOTH TOWEL ON WORK SURFACE		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Ronell Hays		Date: 8/9/21	
Inspector: Tom Jaster	Telephone No. 417-967-4131	EPHS No. 920	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 8/16/21