



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: Lasey's #2861 Houston | OWNER: Corporate | PERSON IN CHARGE: Patty Jeager |
| ADDRESS: 1027 S Sam Houston | | COUNTY: |
| CITY/ZIP: Houston 65483 | PHONE: 411/434/9369 | FAX: |
| 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 | | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| 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 | | | | 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 | | | | | | |

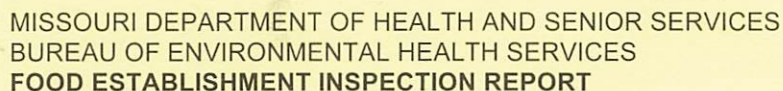
The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance OUT = not in compliance
N/A = not applicable N/O = not observed
COS = Corrected On Site R = Repeat Item

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 | | |

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|---|---|
| Person in Charge / Title: X Army Roberts | Date: 8/26/05 |
| Inspector: JL Pgt | Telephone No.: 411/967/4131 |
| EPHS No.: 1773 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: |



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

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

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| 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>P. H. Yeager</i> |
| ADDRESS: <i>1029 S San 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 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 | | | 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 | | |

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|--|--------------------------------------|-------------------------|--|
| Person in Charge /Title: <i>X Daniel 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

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| TIME IN | TIME OUT |
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|--|--|--|-----------------------|--|---------------------|---------|
| ESTABLISHMENT NAME <i>Casas's Houston #2861</i> | | ADDRESS <i>Compas 1025 S Sgn Hush</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>Lethe</i> | | <i>39</i> | |
| <i>Ice Coffee</i> | | <i>39</i> | <i>Back Fri-Lu</i> | | <i>33</i> | |
| <i>Tomato</i> <i>Walla</i> | | <i>31.5</i> | <i>Pizza prep</i> | | <i>37</i> | |
| <i>C.Milk</i> | | <i>33.5</i> | <i>Peppron</i> | | <i>35</i> | |
| <i>Juice</i> | | <i>34.5</i> | <i>Mushroom</i> | | <i>39</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> | | | | | |
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| 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> | | | | | |
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| EDUCATION PROVIDED OR COMMENTS | | | | | | |
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| Person in Charge /Title: <i>Michelle Hays</i> | | | | Date: <i>6/17/24</i> | | |
| Inspector: <i>96P</i> | | Telephone No. <i>404 961 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

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|------------------|-------------------|
| 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: Caseys #2861 Houston | OWNER: Corporation | PERSON IN CHARGE: Pete Yung |
| ADDRESS: 1029 S San Houston | COUNTY: Texas | |
| CITY/ZIP: Houston 65483 | PHONE: 474/4341 9369 | 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 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 _____ |

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| IN OUT N/O | Hands clean and properly washed | | | IN OUT N/A | Consumer advisory provided for raw or undercooked food | | |
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| 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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|----|-----|---|-----|---|----|-----|---|-----|---|
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| | | Food Temperature Control | | | | | Single-use/single-service articles: properly stored, used | | |
| | | Adequate equipment for temperature control | | | | | Gloves used properly | | |
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| | | Insects, rodents, and animals not present | | | | | Hot and cold water available; adequate pressure | | |
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| | | 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 [Signature] | Date: 12/16/24 | | |
| Inspector: R. P. [Signature] | Telephone No. 474/9674 31 | EPHS No. 1712 | 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 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 Cym | | 40 | Pepperoni | | 38 |
| Iced Coffee | | 39.5 | Sauce | | 36 |
| Choc Milk | | 38 | Sauce | | 36 |
| Milk | | 38 | Sauce | | 39 |
| Pepperoni | | 39.5 | Sauce | | 40 |
| 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) |
| | 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) |
| | no violations | | | | |

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:

Date:

Inspector:

Telephone No.

EPHS No.

Follow-up:

☐ Yes

☐ No

Follow-up Date:



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| TIME IN | TIME OUT |
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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: <u>Casars General Store, Inc.</u> | | OWNER: <u>Z. 861</u> | PERSON IN CHARGE: <u>R.H. Granger</u> |
| ADDRESS: <u>1029 S. San Antonio</u> | | COUNTY: <u>TEXAS</u> | |
| CITY/ZIP: <u>Houston 65489</u> | PHONE: <u>417/167/2288</u> | 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 | | | | 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 |
|-------------------------------------|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| | | 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: <u>X MOC</u> | | | Date: <u>4/13/23</u> | |
| Inspector: <u>[Signature]</u> | Telephone No. <u>417/167/421</u> | EPHS No. <u>1713</u> | 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

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

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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>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 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 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 +1/30/22</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/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 | | | | 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 | | |
| <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"/> | | 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 | | |
| | | | | | | | Physical facilities installed, maintained, and clean | | |

| | | | | |
|---------------------------------------|--------------------------------------|-------------------------|--|--|
| Person in Charge / Title: <i>X</i> | | | Date: <i>6/3/22</i> | |
| Inspector: <i>2/1/22</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

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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>Casey's Houston #2861</i> | OWNER: <i>Inc</i> | PERSON IN CHARGE: <i>Patty Gesser</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 | | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 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 | | | | 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 | | |

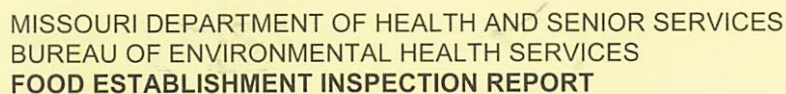
| | | | |
|---|--------------------------------------|-------------------------|--|
| Person in Charge / Title: <i>X B. Gesser</i> | Date: <i>12/27/23</i> | | |
| Inspector: <i>2 P.H.</i> | Telephone No.: <i>417/967/401</i> | EPHS No.: <i>177</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | Follow-up Date: |



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| EDUCATION PROVIDED OR COMMENTS | | | |
| | | | |
| | | | |
| Person in Charge /Title: | | | Date: |
| Inspector: | Telephone No. | EPHS No. | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: |



| ESTABLISHMENT NAME | | ADDRESS | CITY | ZIP |
|-----------------------|--|--------------------|------------------------|-------|
| Casey's 2861 | | 1029 S San Houston | Houston | 65483 |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/ LOCATION | TEMP. |
| Turkey Sandwich | | 32 | Telapera | 34 |
| Soft Serve Milk | | 35 | Pizza | 151 |
| Milk | | 31 | Cheese | 32 |
| Hot | | 45 | Olin | 33 |
| Chips | | 45 | | |

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| EDUCATION PROVIDED OR COMMENTS | |
|--------------------------------|--|
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| | |
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| | | | |
|--|-----------------------------------|----------------------|---|
| Person in Charge /Title: <i>X DE Jaina Blu Assistant Manager</i> | | | Date: <i>6/3/22</i> |
| Inspector: <i>2/1</i> | Telephone No. <i>417/567/4131</i> | EPHS No. <i>1113</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

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| 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: <u>HOUSTON CASEY'S GENERAL STORE #2861</u> | | OWNER: <u>#2861</u> | PERSON IN CHARGE: <u>PATTY YAEGER</u> |
| ADDRESS: <u>1029 S. SAM HOUSTON BLVD.</u> | | COUNTY: <u>TEXAS</u> | |
| CITY/ZIP: <u>HOUSTON, MO. 65483</u> | PHONE: <u>417-967-2285</u> | FAX: <u>-</u> | 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 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. <u>NEED TO APPLY</u> | | 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: <u>Patty Yaeger</u> | | Date: <u>8/20/21</u> | |
| Inspector: <u>Ronnie</u> | Telephone No. <u>417-967-4131</u> | EPHS No. <u>920</u> | 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.

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| 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> | | COUNTY: <i>TEXAS</i> |
| CITY/ZIP: <i>HOUSTON, MO. 65483</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 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 _____ | | |

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| | | 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>Donna</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> |

