



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

TIME IN 1035	TIME OUT 1105
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 CESSION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <i>Licking Dollar General</i>	OWNER: <i>Corp</i>	PERSON IN CHARGE: <i>Kim Richardson</i>
ADDRESS: <i>120 Hwy 32</i>	COUNTY: <i>Tazs</i>	
CITY/ZIP: <i>Licking 65542</i>	PHONE: <i>573/674/6082</i>	FAX:
		P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <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						
IN OUT 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 OUT N/A	Food-contact surfaces cleaned & sanitized				IN = in compliance N/A = not applicable COS = Corrected On Site	OUT = not in compliance N/O = not observed R = Repeat Item	
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: *X Smith Fletcher*

Date: *2/6/25*

Inspector: <i>KPM</i>	Telephone No: <i>417-941-4131</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 1035	TIME OUT 1105
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ESTABLISHMENT NAME <i>Licking Dollar General</i>		ADDRESS <i>Corporate</i>	CITY <i>Licking</i>	ZIP <i>65542</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCATION	TEMP.
Whole milk	Deli Case	38	Bologna	Deli Case
Choc milk	=	37	Hot dogs	38
OT	=	39	French Fries	38
Chexx	=	38	Milk	38
Sour cream	=	38	OT	37
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 <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.		
		<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 <b>are to be corrected by the next regular inspection or as stated.</b>		
		<i>no violations</i>		
EDUCATION PROVIDED OR COMMENTS <i>Edie Clark</i>				
Person in Charge /Title: <i>Edie Clark</i>				Date: <i>2/6/25</i>
Inspector: <i>R. P. P.</i>		Telephone No. <i>417-527-4131</i>	EPHS No. <i>1113</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:

Person in Charge /Title:

Date:

**Inspector:**

Telephone No.

EPHS No. 1713

Follow-up:  Yes  No  
Follow-up Date:



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ESTABLISHMENT NAME: <i>Licking Diner Inn</i>	OWNER: <i>Corp</i>	PERSON IN CHARGE: <i>Kim Richardson</i>
ADDRESS: <i>120 Hwy 32</i>		COUNTY: <i>Tazewell</i>
CITY/ZIP: <i>Licking 65542</i>	PHONE: <i>573/674/0052</i>	FAX: <i></i>
CITY/ZIP: <i>Licking 65542</i>		P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" 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 _____

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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)		
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					R = Repeat Item		

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					✓		Physical facilities installed, maintained, and clean		

Person in Charge /Title:

Date:

*2/6/25*

Inspector: *KPM*

Telephone No: *417-941-4131*

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	10 35	TIME OUT	11 05
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ESTABLISHMENT NAME <i>Licking Dollar General</i>		ADDRESS <i>Corporate</i>	CITY <i>Licking</i>	ZIP <i>65542</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCATION	TEMP.
Whole milk	Deli Case	38	Bolusac	Deli Case
Choc milk	=	37	Hot Dogs	38
OT	=	39	Burgers	38
Chese	=	38	Milk	38
Sour cream	=	38	Back Ref.	37
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 <i>Stock Dec 2025</i>				
Person in Charge /Title: <i>X-Stock Dec 2025</i>				Date: <i>2/6/25</i>
Inspector: <i>R. P. P.</i>	Telephone No.: <i>419-967-4113</i>	EPHS No.: <i>1713</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:

Person in Charge /Title: X

Date: 2/6/25

**Inspector:**

Telephone No.

EPHS No.

Follow-up:  Yes  No