

FOOD ESTABLISHMENT REPORT

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>Crossroads General Store</i>		OWNER	PERSON IN CHARGE	
ADDRESS <i>1001 Bus Hwy 61 S</i>		ESTABLISHMENT LICENSE NO. —	COUNTY <i>Pike</i>	REGION —
CITY/ZIP CODE <i>Bowling Green 63334</i>	TELEPHONE NUMBER <i>573-324-2922</i>	FAX NUMBER	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"/> Mobile
<input type="checkbox"/> Restaurant	<input type="checkbox"/> School	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Summer F.P.	<input type="checkbox"/> Tavern	<input type="checkbox"/> Temporary	

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: _____ Result: _____	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License Number: <i>applied for</i>
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PURPOSE

Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<i>deli express cooler</i>		<i>37° potato salad</i>			
<i>chicken, fish, potatoes</i>	<i>45°</i>	<i>top loading cooler</i>			

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13		
EMPLOYEE HEALTH					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14		
GOOD HYGIENIC PRACTICES					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Cold holding	3-501.16		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			<input 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)	3-501.19		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Bare hand contact with ready-to-eat foods	3-301.11			CONSUMER ADVISORY				
APPROVED SOURCE					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food obtained from approved source	3-201.11-17			HIGHLY SUSCEPTIBLE POPULATIONS				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			CHEMICAL				
PROTECTION FROM CONTAMINATION					<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			CONFORMANCE WITH APPROVED PROCEDURES				
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			IN = In Compliance COS = Corrected on Site OUT = Not In Compliance R = Repeat N/A = not applicable N/O = Not Observed				
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11			DATE <i>5/6/19</i>				

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Eden Rose</i>	DATE
INSPECTOR <i>[Signature]</i>	EPHS NO. _____ FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE OF FOLLOW-UP _____

PIKE COUNTY HEALTH DEPARTMENT
 OFFICE: 573-324-2111 FAX: 573-324-5517
FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Crossroads General Store</i>	ADDRESS	CITY <i>B6</i>
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FOOD CODE REFERENCES	CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
3 FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records				
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction, Reheating				
3-5 Limiting Growth of Organisms				
3-6 Food Presentation & Labeling				
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations				
4 EQUIP. UTENSILS & LINENS				
4-1 Characteristics & Use Limitations				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation				
4-6 Cleaning of Equipment				
4-7 Sanitization				
4-8 Laundry				
4-9 Protection of Clean Items				

NON-CRITICAL ITEMS				
	CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.
5 WATER, PLUMBING & WASTE				
5-1 Water Source, Quality, Capacity				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

EDUCATION PROVIDED OR COMMENTS

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Garni Rose</i>	DATE <i>5/6/19</i>
INSPECTOR <i>[Signature]</i>	EPHS NO. <i>—</i> FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE OF FOLLOW-UP <i>—</i>