

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

DATE 4/26/19
 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 Crossroads General Store OWNER Barley Wasson PERSON IN CHARGE Barley Wasson
 ADDRESS 1001 Bush Hwy 61 South ESTABLISHMENT LICENSE NO. _____ COUNTY Pike REGION _____
 CITY/ZIP CODE Bowling Green, MO 63334 TELEPHONE NUMBER 573-324-2922 FAX NUMBER _____ P.H. PRIORITY H M L

ESTABLISHMENT TYPE
 Bakery C. Store Caterer Deli Grocery Store Institution Mobile
 Restaurant School Senior Center Summer F.P. Tavern Temporary

SEWAGE DISPOSAL Public Private WATER SUPPLY Community Non-Community Private FROZEN DESSERT Approved Disapproved Not Applicable
 Date Sampled: _____ Result: _____ License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>Lasagna</u>	<u>140°</u>	<u>hot case</u>	<u>Fish</u>	<u>40°</u>	<u>reach in cooler</u>
<u>olives</u>	<u>38°</u>	<u>prep cooler top</u>	<u>meat loaf</u>	<u>44.5°</u>	<u>chest cooler - tall</u>
<u>cheese</u>	<u>40°</u>	<u>prep cooler base</u>	<u>potato wedges</u>	<u>48.1°</u>	<u>chest cooler - short</u>
<u>chicken tenders</u>	<u>170°</u>	<u>fryer</u>			

RISK FACTORS AND INTERVENTIONS

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

RECEIVED BY (PERSON IN CHARGE/TITLE) [Signature] DATE 4/26/19
 INSPECTOR [Signature] EPHS NO. _____ FOLLOW-UP YES NO DATE OF FOLLOW-UP 5/3/19

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 OFFICE: 573-324-2111 FAX: 573-324-5517
FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Crossroads General Store</i>		ADDRESS <i>1001 Bus Hwy 61 S,</i>		CITY <i>BG</i>	
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					

- items in chest coolers on sales floor about 41° - meat loaf 44.5° - potato wedges 48° - items removed -

- if using time as a public health control - time must be displayed - on item or on heater
- to go containers should be stored upside down
- mops must be hung when not in use

- food debris on floor of walk-in freezer.
- items should not be stored on floor - freezer
- milk cooler has food debris and bottles under shelves.

- hat, hairnet or visor must be worn when cooking in kitchen
- frozen dessert license
eggs from Zach Brown's Hickory Hill - eggs

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>[Signature]</i>		DATE <i>4/26/19</i>	
INSPECTOR <i>[Signature]</i>	EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>5/3/19</i>