

**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 Dollar General OWNER \_\_\_\_\_ PERSON IN CHARGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ESTABLISHMENT LICENSE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_ REGION \_\_\_\_\_  
 CITY/ZIP CODE LA TELEPHONE NUMBER \_\_\_\_\_ 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  
 Date Sampled: \_\_\_\_\_ Result: \_\_\_\_\_  
 FROZEN DESSERT  Approved  Disapproved  Not Applicable  
 License Number: \_\_\_\_\_

PURPOSE  
 Pre-Opening  Follow-Up  Routine  Complaint  Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>Milk</u>	<u>35°F</u>				
<u>hot dogs</u>	<u>33.9°F</u>				

**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 checked="" 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		
<b>EMPLOYEE HEALTH</b>					<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 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		
<b>GOOD HYGIENIC PRACTICES</b>					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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 <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		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>					<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 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)	3-501.19		
<input checked="" 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			<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input checked="" 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			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<b>PROTECTION FROM CONTAMINATION</b>					<b>CHEMICAL</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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			<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<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	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) Debra L... DATE 2/9/19  
 INSPECTOR [Signature] EPHS NO. \_\_\_\_\_ FOLLOW-UP  YES  NO DATE OF FOLLOW-UP \_\_\_\_\_

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

ESTABLISHMENT NAME <i>Dillon General</i>	ADDRESS	CITY <i>LA</i>
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FOOD CODE REFERENCES	<b>CRITICAL ITEMS</b>			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision		① Bathroom trash needs lid		
2-2 Employee Health		② Milk cooler needs to be cleaned		
2-3 Personal Cleanliness		Expired clip bars		
2-4 Hygienic Practices		③ dustier vents		
		④ mop needs to be hung		
<b>3 FOOD</b>				
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				
<b>4 EQUIP. UTENSILS &amp; LINENS</b>				
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				

	<b>NON-CRITICAL ITEMS</b>			
5 WATER, PLUMBING & WASTE	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.
5-1 Water Source, Quality, Capacity		milk 35° hot dogs 33.9° cheese 41°		
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
<b>7 POISONOUS OR TOXIC ITEMS</b>				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

**EDUCATION PROVIDED OR COMMENTS**

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RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Dawn Thomas</i>	DATE <i>2/9/19</i>
INSPECTOR <i>Rebecca Lewis</i>	EPHS NO. <i>—</i>
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP <i>—</i>