

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 <u>Walmart #145</u> | | OWNER <u>Wal-mart Stores East, LP</u> | PERSON IN CHARGE | |
| ADDRESS <u>3 Town Center</u> | | ESTABLISHMENT LICENSE NO. | COUNTY <u>Pike</u> | REGION |

| | | | |
|---|---|------------|---|
| CITY/ZIP CODE <u>Bowling Green 63334</u> | TELEPHONE NUMBER <u>573-324-0040</u> | FAX NUMBER | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
|---|---|------------|---|

ESTABLISHMENT TYPE

Bakery C. Store Caterer Deli Grocery Store Institution Mobile
 Restaurant School Senior Center Summer F.P. Tavern 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 checked="" type="checkbox"/> Not Applicable License Number: _____ |
|--|--|--|

PURPOSE

Pre-Opening Follow-Up Routine Complaint Other

| FOOD PRODUCT | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|--|------|----------|--------------|------|----------|
| <i>* all coolers and cases throughout store at proper temp</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/O <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 | 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 | 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 OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT | Discarding / reconditioning unsafe food | 3-701.11 | | | | | | | |

RECEIVED BY (PERSON IN CHARGE/TITLE) [Signature] DATE 7/30/19

INSPECTOR [Signature] EPHS NO. _____ FOLLOW-UP YES NO DATE OF FOLLOW-UP _____

Stefanie Davis

FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---------------------------------------|---------------------------------|------------------------------|
| ESTABLISHMENT NAME <i>Wal-mart</i> | ADDRESS <i>3 Town Center</i> | CITY <i>Bowling Green</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 | | <i>- ventilation in deli coolers + ^{bakery} freezers needs cleaning - produce covers as well</i> | | |
| 5-2 Plumbing | | | | |
| 5-3 Mobile Water Tanks | | <i>- need sanitizers test strips in deli at 3-compartment sink</i> | | |
| 5-4 Sewage & Rainwater | | | | |
| 5-5 Refuse & Recyclables | | | | |
| 6 PHYSICAL FACILITIES | | | | |
| 6-1 Materials for Construction | | <i>- all food items made here or removed from original packaging, must have 7-day discard date</i> | | |
| 6-2 Design, Construction, Installation | | <i>- mop needs to be hung when not in use</i> | | |
| 6-3 Numbers & Capacities | | | | |
| 6-4 Location & Placement | | <i>- all to-go containers must be stored upside down.</i> | | |
| 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

** floor in front of friers was re-sealed, however it is not currently a sealed surface and needs repair. *Emergency procedures shared.*

| | | | |
|--|------------------------|--|------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) <i>[Signature]</i> | DATE <i>7/30/19</i> | | |
| INSPECTOR <i>[Signature]</i> <i>Stefanie Davis</i> | EPHS NO. | FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP — |