

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

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| DATE 10/15/19 | PAGE 1 OF 1 |
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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.

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|--|--|---|--------------------------------------|---|
| ESTABLISHMENT NAME Dollar Tree | | OWNER Connie Kelch | PERSON IN CHARGE Mary | |
| ADDRESS 6 Town Center Dr. | | ESTABLISHMENT LICENSE NO. | COUNTY Pike | REGION |
| CITY/ZIP CODE Bowling Green 63334 | TELEPHONE NUMBER 573-324-9818 | FAX NUMBER | | P.H. PRIORITY <input type="checkbox"/> H <input 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"/> Restaurant | <input type="checkbox"/> School | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Summer F.P. | <input type="checkbox"/> Tavern |
| 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 | | FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable |
| Date Sampled: _____ | | Result: _____ | | License Number: _____ |

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

| FOOD PRODUCT | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|-----------------|--------------|-----------------|--------------|------|----------|
| Ham | 35.2° | Reach in | | | |
| Luncable | 37.9° | Walk-in | | | |
| | | | | | |

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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A | Date marking and disposition | 3-501.17 3-501.18 | | |
| <input 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 type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 | | | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | 3-201.11-17 | | | <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 | Receiving temperature / condition | 3-202.11-19 | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| <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 | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered | 3-801.11 | | |
| PROTECTION FROM CONTAMINATION | | | | | 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 <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Toxic substances properly identified, stored and used | 7-1, 7-2, 7-3 | | |
| <input 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 type="checkbox"/> N/O <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 type="checkbox"/> N/O <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 | | | | |

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| RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Mary Veltie</i> | DATE 10/15/19 | | |
| INSPECTOR <i>[Signature]</i> | EPHS NO. | FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP _____ |