

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

DATE 10/15/19
 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 <u>Save-a-Lot</u>		OWNER	PERSON IN CHARGE <u>Amanda</u>	
ADDRESS <u>1106 Bus Hwy 61S</u>		ESTABLISHMENT LICENSE NO.	COUNTY <u>Pike</u>	REGION
CITY/ZIP CODE <u>Bowling Green 63334</u>		TELEPHONE NUMBER <u>573-324-3383</u>	FAX NUMBER	P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE				
<input type="checkbox"/> Bakery <input type="checkbox"/> C. Store <input type="checkbox"/> Caterer <input type="checkbox"/> Deli <input checked="" 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 checked="" type="checkbox"/> Not Applicable License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>eggs / sausage</u>	<u>40.6°</u>	<u>open small cooler</u>	<u>junior hot dogs</u>	<u>37°</u>	<u>large open cooler</u>
<u>eggs</u>	<u>37.7°</u>	<u>egg open cooler</u>	<u>lunchmeat</u>	<u>36.1°</u>	<u>reach in</u>
<u>yoourt</u>	<u>41°</u>	<u>yoourt open cooler</u>	<u>ground beef</u>	<u>35.9°</u>	<u>meat cooler</u>
<u>milk</u>	<u>41°</u>	<u>milk cooler</u>	<u>ground beef</u>	<u>37°</u>	<u>meat walk in</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 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 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 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 <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	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 checked="" type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			HIGHLY SUSCEPTIBLE POPULATIONS				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	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 <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	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/O <input checked="" type="checkbox"/> N/A	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 type="checkbox"/> IN <input checked="" 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) Amanda Keen DATE 10/15/19

INSPECTOR [Signature] EPHS NO. FOLLOW-UP YES NO DATE OF FOLLOW-UP 10/21/19

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Save a Lot</i>	ADDRESS <i>1106 Bus Hwy 6S</i>	CITY <i>Bartling Green</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>Amanda Reese</i>	DATE <i>10/15/19</i>
INSPECTOR <i>[Signature]</i>	EPHS NO.
FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF FOLLOW-UP <i>10/21/19</i>	