



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 08:02 TIME OUT 08:58
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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.

ESTABLISHMENT NAME: E.C. Reeds Mercantile		OWNER: Evert Reed	PERSON IN CHARGE: Same	
ADDRESS: 301 1st St.			COUNTY: Bollinger	
CITY/ZIP: Marble Hill, 63764		PHONE: 573-741-9308	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" 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"/> TEMP.FOOD				
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		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 _____ Results _____
License No. _____				

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance		Demonstration of Knowledge		COS	R	Compliance		Potentially Hazardous Foods		COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper cooking, time and temperature			
		Employee Health				<input type="checkbox"/>	IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper cooling time and temperatures			
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input type="checkbox"/>	IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures			
		Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT N/A	Proper cold holding temperatures			
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper date marking and disposition			
<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
		Preventing Contamination by Hands						Consumer Advisory			
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed				<input checked="" type="checkbox"/>	OUT N/A	Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Highly Susceptible Populations			
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible				<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
		Approved Source						Chemical			
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source				<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT	Food additives: approved and properly used			
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature						Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated						Conformance with Approved Procedures			
<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A
		Protection from Contamination						Compliance with approved Specialized Process and HACCP plan			
<input checked="" type="checkbox"/>	OUT	Food separated and protected						The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable			
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized									
<input checked="" type="checkbox"/>	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food									

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN		OUT		Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		Food Temperature Control						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used						Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		Food Identification						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		Food properly labeled; original container						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		Prevention of Food Contamination						Physical Facilities			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
		Fruits and vegetables washed before use						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Person in Charge /Title: **Same** *[Signature]* Date: **27 April 23**

Inspector: *[Signature]* Telephone No. **573-238-2817** EPHS No. **1753** Follow-up: Yes No
Follow-up Date: _____



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ESTABLISHMENT NAME E.C. Reeds Mercantile		ADDRESS 301 1st St.		CITY / ZIP Marble Hill, 63764	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
All Coolers		41* or below			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.		
	No violations noted!		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.		

EDUCATION PROVIDED OR COMMENTS

Discussed proper cooking temperatures, test strip usage, proper food holding and storage temperatures. Use of shielded light bulbs in food preparation areas was also discussed.

Person in Charge /Title: Same		Date: 27 April 23
Inspector:	Telephone No. 573-238-2817	EPHS No. 1753
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: