



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

TIME IN: 11:00 TIME OUT: 11:30
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: Flying J's Travel Center		OWNER:	PERSON IN CHARGE:	
ADDRESS: 2460 E Hwy 60		COUNTY: MISSISSIPPI		
CITY/ZIP: Charleston 63834	PHONE: 683-4153	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS				
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input 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 _____

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
IN/OUT	Person in charge present, demonstrates knowledge, and performs duties			IN/OUT/N/O/N/A	Proper cooking, time and temperature		
	Employee Health			IN/OUT/N/O/N/A	Proper reheating procedures for hot holding		
IN/OUT	Management awareness; policy present			IN/OUT/N/O/N/A	Proper cooling time and temperatures		
IN/OUT	Proper use of reporting, restriction and exclusion			IN/OUT/N/O/N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN/OUT/N/A	Proper cold holding temperatures		
IN/OUT/N/O	Proper eating, tasting, drinking or tobacco use			IN/OUT/N/O/N/A	Proper date marking and disposition		
IN/OUT/N/O	No discharge from eyes, nose and mouth			IN/OUT/N/O/N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN/OUT/N/O	Hands clean and properly washed			IN/OUT/N/A	Consumer advisory provided for raw or undercooked food		
IN/OUT/N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN/OUT	Adequate handwashing facilities supplied & accessible			IN/OUT/N/O/N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN/OUT	Food obtained from approved source			IN/OUT/N/A	Food additives: approved and properly used		
IN/OUT/N/O/N/A	Food received at proper temperature			IN/OUT	Toxic substances properly identified, stored and used		
IN/OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN/OUT/N/O/N/A	Required records available: shellstock tags, parasite destruction			IN/OUT/N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination				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 N/O = not observed COS = Corrected On Site R = Repeat Item		
IN/OUT/N/A	Food separated and protected						
IN/OUT/N/A	Food-contact surfaces cleaned & sanitized						
IN/OUT/N/O	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	IN	OUT	Proper Use of Utensils	COS	R
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
	X	Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Wanda...</i>		Date: 8-17-2020	
Inspector: <i>Jodie...</i>	Telephone No. 313-683-2191	EPHS No. 11081	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 8-25-2020	



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PAGE 2 of 2	

ESTABLISHMENT NAME Flying J's Travel Center	ADDRESS 2460 E Hwy 60	CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION	TEMP.	FOOD/PRODUCT/ LOCATION	TEMP.

Code Reference	PRIORITY ITEMS 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.	Correct by (date)	Initial
	priority items were corrected		

Code Reference	CORE ITEMS 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.	Correct by (date)	Initial
6-501.1	Floors soiled w/ build-up in kitchen area, and in storage room.	8/25	
4-601.1(c)	Food debris in bottom of pizza make line cooler and one of the freezers	8/25	
4-601.1(c)	Fryer has grease build-up on and under it	8/25	
4-601.1(c)	Dust on fan in kitchen area	8/25	
6-202.15	Back door in kitchen area has a hole that should be sealed to protect from pests.	8/25	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <u>Wan Williams</u>	Date: <u>8-17-2020</u>
Inspector: <u>Jadie Marx</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No: <u>313-683-2191</u>	Follow-up Date: <u>8-25-2020</u>
EPHS No: <u>11881</u>	