



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

TIME IN: 1:30	TIME OUT: 2:35
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>Dallas General</u>		OWNER:		PERSON IN CHARGE:	
ADDRESS: <u>111 N Main</u>				COUNTY: <u>Mississippi</u>	
CITY/ZIP: <u>Charleston 63834</u>		PHONE: <u>707-2643</u>		FAX:	
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 checked="" 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 <input checked="" type="checkbox"/> Not Applicable License No. _____		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 _____	

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	Proper eating, tasting, drinking or tobacco use				IN	OUT	N/O	N/A	Proper date marking and disposition		
IN	OUT	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	Hands clean and properly washed				IN	OUT	N/A		Consumer advisory provided for raw or undercooked food		
IN	OUT	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	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	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	Food separated and protected										
IN	OUT	Food-contact surfaces cleaned & sanitized										
IN	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	IN		OUT		Proper Use of Utensils		COS	R
X				Pasteurized eggs used where required				X				In-use utensils: properly stored			
				Water and ice from approved source								Utensils, equipment and linens: properly stored, dried, handled			
				Food Temperature Control								Single-use/single-service articles: properly stored, used			
				Adequate equipment for temperature control								Gloves used properly			
				Approved thawing methods used								Utensils, Equipment and Vending			
				Thermometers provided and accurate								Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
				Food Identification								Warewashing facilities: installed, maintained, used; test strips used			
				Food properly labeled; original container								Nonfood-contact surfaces clean			
				Prevention of Food Contamination								Physical Facilities			
				Insects, rodents, and animals not present								Hot and cold water available; adequate pressure			
				Contamination prevented during food preparation, storage and display								Plumbing installed; proper backflow devices			
				Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry								Sewage and wastewater properly disposed			
				Wiping cloths: properly used and stored								Toilet facilities: properly constructed, supplied, cleaned			
				Fruits and vegetables washed before use								Garbage/refuse properly disposed; facilities maintained			
												Physical facilities installed, maintained, and clean			

Person in Charge /Title: <u>[Signature]</u>				Date: <u>3-6-2025</u>			
Inspector: <u>[Signature]</u>		Telephone No. <u>513-483 2191</u>		EPHS No. <u>1681</u>		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Follow-up Date:	



