





TIME OUT

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| ESTABLISHMENT NAME                                                   |                                                                                                                                                                                                                                                                                | ADDRESS                |                        | CITY            | ZIP               |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------|-------------------|
| St. Joe's General Store                                              |                                                                                                                                                                                                                                                                                | 1330 W. St. Joseph St. |                        | Perryville      | 63775             |
| FOOD PRODUCT/LOCATION                                                |                                                                                                                                                                                                                                                                                | TEMP.                  | FOOD PRODUCT/ LOCATION |                 | TEMP.             |
| No PH Food on site                                                   |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
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| Code Reference                                                       | PRIORITY ITEMS<br>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) |
| No priority items at this time                                       |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
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| Code Reference                                                       | CORE ITEMS<br>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) |
| 4-601-110 Door slides on ice cream freezer not clean                 |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
| 6-501-12(A) Fan shields in walk in cooling fan heavy dusty build-up. |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
| 6-501-11A Several holes in wall above 3 compartment sink area        |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
| 6-501-12(A) Hole Squap on ceiling in back room                       |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
| <del>Fan shields light in back room etc</del>                        |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
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| EDUCATION PROVIDED OR COMMENTS                                       |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
|                                                                      |                                                                                                                                                                                                                                                                                |                        |                        |                 |                   |
| Person In Charge /Title:                                             |                                                                                                                                                                                                                                                                                |                        |                        | Date:           |                   |
| Inspector:                                                           |                                                                                                                                                                                                                                                                                |                        |                        | Telephone No.   | EPHS No.          |
| Dawn Clayton                                                         |                                                                                                                                                                                                                                                                                |                        |                        | 281-6564        | 1492              |
|                                                                      |                                                                                                                                                                                                                                                                                |                        |                        | Follow-up: Yes  | No                |
|                                                                      |                                                                                                                                                                                                                                                                                |                        |                        | Follow-up Date: | N/A               |