



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

DATE 08/09/2017	Page 1 of 1
TIME IN 11:33 AM	TIME OUT 12:17 PM

ESTABLISHMENT NAME CVS Pharmacy #19280		OWNER CVS Caremark	PERSON IN CHARGE Jillian Rippinger	
ADDRESS 500 North Bishop		ESTABLISHMENT LICENSE NO.	COUNTY Rolla	REGION I
CITY/ZIP CODE Rolla 65401	TELEPHONE NUMBER (573) 308-4887	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY L
WATER SUPPLY Community Date Sampled: N/A Result: N/A		FROZEN DESSERT N/A Expires: N/A License Number: N/A		

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	

PURPOSE  
Routine

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	39	Walk In Cooler			

**CORE 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
6-501.11	<i>Ceiling tiles are displaced located in the front door entrance.</i> 6-501.11 The physical facilities shall be maintained in good repair.	08/16/2017
6-501.11	<i>Observed the door to the wall cabinet in the ladies restroom to be in disrepair.</i> 6-501.11 The physical facilities shall be maintained in good repair.	08/16/2017

**ACKNOWLEDGEMENT OF CRITICAL AND NON CRITICAL ITEMS**

By initiating here you, as the person in charge, acknowledge the following:  
 I am receiving the inspection report based on today's inspection, this inspection denoted 0 priority violations and 2 core violations of the food code.  
 I am aware of each violation and the compliance date for each violation.  
 I have had ample opportunity to discuss each violation with the official who conducted the inspection.

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Jillian Rippinger / Assistant Manager		DATE 08/09/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010	EPHS NO. 1508	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		DATE OF FOLLOW-UP 08/16/2017