



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

DATE 05/17/2017	Page 1 of 2
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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 Walgreen's # 122307		OWNER Walgreens		PERSON IN CHARGE Jason Grunloh	
ADDRESS 120 South Bishop			ESTABLISHMENT LICENSE NO.		COUNTY Rolla
CITY/ZIP CODE Rolla 65401			TELEPHONE NUMBER (573) 426-3338	FAX NUMBER	REGION I
WATER SUPPLY Community			FROZEN DESSERT N/A		SEWAGE DISPOSAL Public
Date Sampled: N/A			Result: N/A		P.H. PRIORITY L
			Expires: N/A		License Number: N/A

ESTABLISHMENT TYPE							PURPOSE
<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	Routine
<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		

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

**RISK FACTORS AND INTERVENTIONS**

**Management and Personnel**

In Compliance	<b>2-1 Supervision</b>
In Compliance	<b>2-2 Employee Health</b>
In Compliance	<b>2-3 Personal Cleanliness</b>
In Compliance	<b>2-4 Hygienic Practices</b>

**Food**

In Compliance	<b>3-1 Characteristics</b>
In Compliance	<b>3-2 Sources, Specifications, and Original Containers and Records</b>
In Compliance	<b>3-3 Protection From Contamination After Receiving</b>
In Compliance	<b>3-4 Destruction Of Organisms Of Public Health Concern</b>
In Compliance	<b>3-5 Limitation Of Growth Of Organisms Of Public Health Concern</b>
In Compliance	<b>3-6 Food Identity, Presentation, and On-Premises Labeling</b>
In Compliance	<b>3-7 Contaminated Food</b>
Not Applicable	<b>3-8 Special Requirements for Highly Susceptible Populations</b>

**Equipment, Utensils, and Linens**

In Compliance	<b>4-1 Materials For Construction and Repair</b>
In Compliance	<b>4-2 Design and Construction</b>
In Compliance	<b>4-3 Numbers and Practices</b>
In Compliance	<b>4-4 Location and Installation</b>
In Compliance	<b>4-5 Maintenance and Operation</b>
In Compliance	<b>4-6 Cleaning Of Equipment and Utensils</b>
In Compliance	<b>4-7 Sanitization Of Equipment and Utensils</b>
Not Applicable	<b>4-8 Laundering</b>
In Compliance	<b>4-9 Protection Of Clean Items</b>

**Water, Plumbing, and Waste**

In Compliance	<b>5-1 Water</b>
In Compliance	<b>5-2 Plumbing System</b>



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**RISK FACTORS AND INTERVENTIONS**

**Water, Plumbing, and Waste**

Not Applicable	<b>5-3 Mobile Water Tank and Mobile Food Establishment Water Tank</b>
In Compliance	<b>5-4 Sewage, Other Liquid Waste, and Rainwater</b>
In Compliance	<b>5-5 Refuse, Recyclables, and Returnables</b>

**Physical Facilities**

In Compliance	<b>6-1 Materials For Construction and Repair</b>
In Compliance	<b>6-2 Design, Construction, and Installation</b>
In Compliance	<b>6-3 Numbers and Capacities</b>
In Compliance	<b>6-4 Location and Placement</b>
In Compliance	<b>6-5 Maintenance and Operation</b>

**Poisonous or Toxic Materials**

In Compliance	<b>7-1 Labeling and Identification</b>
In Compliance	<b>7-2 Operational Supplies and Applications</b>
In Compliance	<b>7-3 Stock and Retail Sale</b>

**Compliance and Enforcement**

Not Applicable	<b>8-1 Modifications</b>
Not Applicable	<b>8-2 HACCP Plan</b>
Not Applicable	<b>8-3 Qualifications and Responsibilities</b>
Not Applicable	<b>8-4 Ceasing Operations and Reporting</b>

*(This section is currently blank)*

**ACKNOWLEDGEMENT OF CRITICAL AND NON CRITICAL ITEMS**

By initialing 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 0 core violations of the food code. *[Signature]*  
 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**

*(This section is currently blank)*

**INSPECTION INFORMATION**

RECEIVED BY (PERSON IN CHARGE/TITLE) Jason Grunloh / Manager <i>[Signature]</i>	DATE 05/17/2017
INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>[Signature]</i>	EPHS NO. 1508
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP N/A