



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

TIME IN	10:32am	TIME OUT	3:42 pm
DATE	April 27, 2016	PAGE	1 of 4

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: Arby's Roast Beef Restaurant	OWNER: United States Beef Corporation	PERSON IN CHARGE: R.J. Lockhart; G.M.
ADDRESS: 559 W. Karsch Blvd.	ESTABLISHMENT NUMBER: 4583	COUNTY: St. Francois (187)
CITY/ZIP: Farmington, MO 63640	PHONE: 573-747-0074	FAX: 573-334-0895
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other <u>Risk Factor Study</u>		
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 87-17273 Exp. 3/31/16	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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	✓		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> COS <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used	✓	
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	✓					
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	✓					
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title:	R.J. Lockhart; G.M.	Date:	April 27, 2016
Inspector:	Jon Peacock	Telephone No.:	(573)431-1947
		EPHS No.:	880
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	5-11-2016



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

ESTABLISHMENT NAME Arby's Roast Beef Restaurant		ADDRESS 559 W. Karsch Blvd.		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Sliced tomato/"Special" prep fridge		38	Sliced ham/"Special" prep. fridge		41
Sliced turkey/"Special" prep. fridge		40	Sliced Angus beef/"Special" prep. fridge		40
Shredded cheese/"Special" prep. fridge		40	"Special" prep. fridge/Ambient (Bottom)		30
Sliced corn beef/"Market Fresh" fridge		41	Sliced tomato/"Market Fresh" prep. fridge		37
Cut lettuce/"Market Fresh" prep. fridge		41	Sliced corn beef & swiss/"Market Fresh" fridge		38

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
5-203.14A	Backwash line originating from the water softener was observed lying within the mop sink and below the flood-rim of the sink. A plumbing system must be installed to prevent backflow of a solid, liquid or gas contaminant into the water system at each point of use in a food establishment. The backwash line must terminate above the flood rim of the sink through a visible air gap. The air gap vertical distance must be at least 1 inch and is determined by twice the diameter (2X) of the draining pipe.	5-11-16	RL
7-201.11B	A bottle of "DCT Heavy Duty Degreaser" was observed stored on a shelf next to a box containing single-use plastic cup lids. Poisonous or toxic materials must be stored to prevent contamination of food, equipment, utensils, linens and single-use items. Please relocate degreaser to an area away from such items. (COS by relocating below/away from single-use items)	COS	
7-201.11B	A container of "DAP" caulk was observed stored on a shelf next to a "sleeve" of single-use cups. Poisonous or toxic materials must be stored to prevent contamination of food, equipment, utensils, linens and single-use items. Please relocate caulk to an area away from such items. (COS by relocating below/away from single-use items).	COS	
3-302.11A	A bag of raw, frozen chicken fillets and a box of raw, frozen chicken fritters observed stored on shelf above bag of raw fish in the walk-in freezer. Box of raw, frozen chicken fritters was observed stored immediately adjacent to boxes of 7" pitas in the walk-in freezer. Food must be protected from cross-contamination by separating raw animal foods during storage, preparation, holding and display. (COS by relocating foods in walk-in freezer)	COS	

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
4-601.11C	Grease buildup observed within the bottom cabinets of the deep fryers. Non-food contact surfaces of equipment must be kept free of the accumulation of dirt, debris, etc. Please clean.	5-11-16	RL
6-101.11A	Interior wall in the men's restroom adjacent to the handwashing sink was observed as unfinished drywall. Wall surfaces within restrooms must be nonabsorbent. (Per staff, a vehicle recently collided into the building)		
3-305.11A	Ice accumulation observed on boxes of food and on bun bags within the walk-in freezer. Food must be protected from contamination by storing in a clean, dry location and where it is not exposed to splash, dust or other contamination.		
5-205.15B	Hoshizaki ice machine bin drain was observed disconnected from the machine. Water was observed pooling on the floor beneath the machine. A plumbing system must be maintained in good repair. (COS by reconnecting bin drain piping)		
3-305.11A	Condensation observed dripping onto a bag containing raw chicken fillets in the Beverage Aire 2 door reach-in freezer. Food must be protected from contamination by storing in a clean, dry location and where it is not exposed to splash, dust or other contamination.		

EDUCATION PROVIDED OR COMMENTS

Note: Quaternary ammonia sanitizer @ 200 ppm in 3-vat sink and wiping cloth pail. Please provide written copy of employee illness policy and time as a control policy for PHE's at reinspection.

Person in Charge /Title:	R.J. Lockhart; G.M.	Date: April 27, 2016
Inspector:	Jon Peacock	Telephone No. (573)431-1947
	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 5-11-2016



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

ESTABLISHMENT NAME Arby's Roast Beef Restaurant		ADDRESS 559 W. Karsch Blvd.		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
"Market Fresh" prep. fridge/Ambient		40	Sliced angus beef/shelf above "Market Fresh" fridge		40
Roast beef under heat lamp at slicer		137	Sliced salami/shelf above "Market Fresh" fridge		42
Sliced beef at base of slicer under pan		106	Potato cake/chicken fritter/ waffle fry/Fry dump area		157/173/153
Roast beef/from oven		138	Mozzarella cheese stick/from deep fryer		157
Roast beef/sliced salami/Walk-in cooler		37/39	Walk-in cooler/Walk-in freezer/Ambient		36/4

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
5-203.14B	Hoshizaki ice machine appeared to be a water cooled ice machine. No backflow prevention device could be observed on any water line entering the ice machine. A plumbing system must be installed to prevent backflow of a solid, liquid or gas contaminant into the water system at each point of use in a food establishment. Please install an A.S.S.E. (American Society of Sanitary Engineering) rated backflow prevention device for this application, in a visible location, on the water line connected into the condensing unit.	5-11-16	<i>[Handwritten initials]</i>
3-302.11A	A bag of raw chicken fillets observed stored next to a bag of raw fish fillets AND above mozzarella sticks and waffle fries in the Beverage Aire 2 door freezer. Food must be protected from cross-contamination by separating raw animal foods during storage, preparation, holding and display. Please relocate the raw chicken and raw fish to a location below the frozen ready-to-eat foods. (COS by relocating within freezer prior to leaving)	COS	<i>[Handwritten line]</i>
4-101.11A	Metal racks having areas of missing/coating observed on the 3-vat sink drainboard. Materials that are used for the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances under normal use and must be safe. Please remove from the premises.	5-11-16	<i>[Handwritten line]</i>
3-501.16A	Sliced roast beef observed at 106F at the base of the meat slicer and not below the heat lamp. PHF's held hot must be maintained at or above 135F.		

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
6-501.12A	Debris observed within the cabinet beneath the fountain beverage station in the dining room. Physical facilities must be cleaned as often as necessary to keep them clean. Please clean.	5-11-16	<i>[Handwritten initials]</i>
6-501.12A	Debris observed accumulated on the counter beneath the fountain beverage station in the dining room. Physical facilities must be cleaned as often as necessary to keep them clean.		<i>[Handwritten line]</i>
4-601.11C	Debris and possible algae growth observed on outside top of the Scotsman ice machine at the fountain beverage station in the dining room. Non-food contact surfaces of equipment must be kept free of the accumulation of dust, dirt, food residue and other debris. Please clean.		<i>[Handwritten line]</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: *[Signature]* R.J. Lockhart; G.M. Date: April 27, 2016

Inspector: *[Signature]* Jon Peacock Telephone No. (573)-431-1947 EPHS No. 880 Follow-up: Yes No Follow-up Date: 5-11-2016



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

ESTABLISHMENT NAME Arby's Roast Beef Restaurant		ADDRESS 559 W. Karsch Blvd.		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION Roast beef/Hot food cabinet		TEMP. in ° F 145	FOOD PRODUCT/ LOCATION Aus jus/Hot food cabinet		TEMP. in ° F 144
Cheese sauce/Heated dispenser		140	Reach-n freezer below fry dump station/Ambient		12
Beverage Aire 2 door freezer/Ambient		30	Soft serve mix in Taylor machine hopper		39

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
4-601.11A	Dried food debris observed on the cutting blade on the meat slicer located across from the 3-vat sink. Food-contact surfaces of equipment must be clean to the sight and touch. Please wash, rinse, sanitize and air dry in 3-vat sink OR by using a three step clean-in-place (CIP) method for those portions of the slicer that cannot be immersed in the 3-vat sink. (COS by washing, rinsing, sanitizing and air drying)	COS	[Signature]
2-301.14 A-I	A food employee was observed on several occasions to change their single-use gloves without washing their hands at a handwashing sink. Food employees must clean their hands and exposed portions of their arms when changing gloves or after engaging in other activities that contaminate the hands. (COS by discussion with the general manager for discussion with all staff)	COS	
4-202.11A	Poly cutting boards at the "Special" prep. refrigerator and the "Market Fresh" prep. refrigerator were observed with a substantial amount of cut marks and the corner edges of the cutting boards were observed with irregular edges and not smooth. Multi-use food-contact surfaces must be smooth, free of breaks, cracks, chips, etc. Please refinish to be smooth or replace.	5-11-16	

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

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	R.J. Lockhart; G.M.	Date: April 27, 2016
Inspector:	Jon Peacock	Telephone No. (573)431-1947
	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 5-11-2016