



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

TIME IN	12:39pm	TIME OUT	2:05 pm
DATE	12/21/2016	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: Black Knight Fieldhouse Concession Stand		OWNER: Farmington R-VII School District	PERSON IN CHARGE: Mark Krause; Director of Operations	
ADDRESS: 1 Black Knight Drive		ESTABLISHMENT NUMBER: 4814	COUNTY: St. Francois	
CITY/ZIP: Farmington, MO 63640		PHONE: 573-701-1300	FAX: 701-1388	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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				
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	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	COS	R	IN	OUT	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required				In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source				Utensils, equipment and linens: properly stored, dried, handled			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Adequate equipment for temperature control				Gloves used properly			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Utensils, Equipment and Vending			
Approved thawing methods used				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate				Warewashing facilities: installed, maintained, used; test strips used			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Physical Facilities			
Food properly labeled; original container				Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fruits and vegetables washed before use				Physical facilities installed, maintained, and clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Person in Charge / Title: <i>Mark Krause</i>		Mark Krause; Director of Operation;		Date: December 21, 2016	
Inspector: <i>Jon Peacock</i>		Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Jon Peacock				Follow-up Date:	



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

ESTABLISHMENT NAME Black Knight Fieldhouse Concession Stand		ADDRESS 1 Black Knight Drive		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
No temperatures taken during this visit					

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

Note: 2-201.11E	According to Mr. Krause, the US FDA Employee Health and Personal Hygiene Handbook will be utilized as the employee/volunteer illness policy. A written entry was on the food establishment application. A copy of this book was observed on-site.		
NOTE:	All foods that are stored and served from the concession stand must originate from an approved source that is under health department inspection and compliant with applicable local, state or federal requirements governing food service/retail food establishments.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

5-202.12C	Some metering faucets in men's and women's restrooms were observed not providing a minimum of 15 seconds of uninterrupted flow. Metering faucets must provide a minimum of 15 seconds of uninterrupted water flow.	Prior to routine inspection	
6-202.15A	Daylight observed below the front entry doors into the building. Outer openings must be sealed to prevent the entry of insects, rodents, etc., into the building. Please seal.		
Note:	A popcorn machine, heated pizza display case, a heated hot dog roller & microwave were noted in concession stand. On the side of the popcorn machine was the cleaning procedure. The cleaning procedure did not include a 4 step process, (i.e. wash, rinse, sanitize & air dry in 3-vat sink), for those portions that can be removed. For those portions that cannot be removed a clean-in-place (CIP) process that washes, rinses, sanitizes & air dries those surfaces and that of the pizza/pretzel display cases, etc., must be developed for all food-contact surfaces of equipment.		
6-202.11A	The heat lamps within the popcorn machine and the pretzel display case was observed not shielded or equipped with a shatter resistant bulbs. Please provide shatter resistant lighting.		
Note-	Standard procedures, that were taken from the school food services, were provided during this visit. Please review/revise this material to be applicable and provide information regarding the procedure for transporting of equipment and utensils to a 3-vat sink for manual warewashing and the cleaning process and frequency for cleaning of food-contact and non-food contact surfaces. Please provide this information and the location where the manual warewashing will occur ASAP.		

**EDUCATION PROVIDED OR COMMENTS**

The concession stand will be primarily operated by booster club volunteers.

Person in Charge /Title:		Mark Krause; Director of Operations		Date: December 21, 2016	
Inspector:	Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: