



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

TIME IN	10:40 am	TIME OUT	2:20 pm
DATE	Oct. 31, 2016	PAGE	1 of 5

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: Buffalo Wild Wings		OWNER: Z and G Restaurant Group	PERSON IN CHARGE: Sara Lugo, General Manager	
ADDRESS: 615 Maple Valley Drive		ESTABLISHMENT NUMBER: 4661	COUNTY: St. Francois	
CITY/ZIP: Farmington 63640		PHONE: (573)756-9464	FAX: (573)756-8646	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 type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____				
FROZEN DESSERT <input checked="" 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"/> OUT N/O N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<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 checked="" type="checkbox"/> N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> OUT <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 <input type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>			
<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			<b>Highly Susceptible Populations</b>			
<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		
<b>Approved Source</b>				<b>Chemical</b>			
<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"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	✓		<b>Conformance with Approved Procedures</b>			
<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		
<b>Protection from Contamination</b>				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 type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>				<b>Physical Facilities</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Sara Lugo</i> Sara Lugo, General Manager		Date: October 31, 2016	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Nov. 15, 2016



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

ESTABLISHMENT NAME Buffalo Wild Wings		ADDRESS 615 Maple Valley Drive		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, hot hold drawers (empty)		150, 158	Walk-in cooler: ambient, beef		35, 35
Ambient, Delfield freezer		5	Cold hold drawers: ambient, beef		35
Chicken nuggets, deep fryer		211, 212	Grill prep table, top: lettuce, tomatoes, cheese		40, 39, 41
Chicken wings, deep fryer		208, 209	Grill prep table, drawers, ambient:		39, 32, 37, 35
Cheese sauce, hot hold		166	Grill prep table drawers: chicken, tomatoes		39, 42

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
3-701.11A	Water was pooling on the outside top of the ice maker and dripping onto the ice, contaminating the ice. Please discard ice. Do not use machine until it is repaired to prevent water leak. <b>CORRECTED ON SITE</b> by a maintenance person repairing the machine and discarding the ice.	COS	
6-501.111	Fruit flies were observed on the spigots of sauce dispensers in the back line. Facility shall be free of pests. Please keep facility clean and begin an approved method of pest control.	11/15/16	↓
2-301.14	Employee was observed putting on single-use gloves without first washing his hands. Employees shall wash hands before putting on a new pair of gloves. Please ensure employees know when to wash hands.		
3-302.11A	Ground beef was stored above prime rib in the walk-in freezer. Food shall be stored to prevent cross contamination. Please store different types of food separately or in the following vertical order: all raw animal foods below all other foods; raw animal foods - poultry and eggs on the bottom, then ground meats, then whole muscle meats, then fish and seafood. Please arrange food in correct order.		
3-701.11A	A container of special sauce, held in the walk-in produce cooler, had two spoons submerged in the food. This food is contaminated from the spoons. Please discard. <b>CORRECTED ON SITE</b> by discarding	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
6-501.12A	Accumulation of debris on the fire extinguisher, towel dispenser (inside and outside), and wall by the handwashing sink nearest the ice maker. Physical facilities shall be cleaned at a frequency to prevent debris accumulation. Please clean equipment and wall by the sink.	11/15/16	↓
5-205.11B	A soiled cloth was in the vat of the handwashing sink. Handwashing sinks shall be used only for handwashing. Please ensure employees use handwashing sinks only for handwashing.		
6-501.12A	Food splatters observed on the wall behind the sauce dispensers. Please clean wall as often as needed to keep clean.		
4-501.11A	Gaps observed between the rib doors in the hood above the deep fryers. Equipment shall be maintained as provided by manufacturer. Please add more ribs to allow the hood to function correctly.		
4-601.11C	Several of the refrigerated drawers and plastic holders in the drawers were observed dirty. Please clean non-food contact surfaces as often as needed to keep clean.		
4-901.11A	Black plastic "basket" plates, stored by the grill prep table, were observed wet-nested. Equipment and utensils shall be air dried. Please allow complete drying before storing nested.		
3-304.14B	Wet wiping cloth observed stored on the work table in the cook line. Wet cloths shall be stored in sanitizer between uses. Please provide buckets of sanitizer to store wiping cloths between uses.		
4-601.11C	Accumulation of debris observed on the heat lamp above the pass-through window between the cook line and the waitress area. Please clean as often as needed to keep clean.		
4-903-11A	A box of cheesecakes was stored on the floor in the walk-in freezer. Food shall be stored at least six inches off the floor. Please store cheesecake on shelf or pallet at least six inches off floor.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:	Sara Lugo, General Manager	Date: October 31, 2016
Inspector:	Rose Mier	Telephone No. (573)431-1947
	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: Nov. 15, 2016



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chicken, grill		165, 173	Southwest grill prep table, top: tomatoes, lettuce, chicken		34, 39, 40
Ambient, meat drawer below grill		40	Southwest grill prep table, drawers: ambient		39, 32, 37, 35
Hamburger, grill		193	Southwest grill prep table drawers: chicken, tomatoes		39, 42
Ambient, walk-in freezer		0	Produce walk-in cooler: ambient, slaw		35, 38
Ambient, walk-in beer cooler		32	Water, bathrooms		86

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4-601.11A	Sticker residue observed on several pieces of clean equipment on the storage racks. Please remove all evidence of stickers when cleaning.	11/15/16	
4-501.114A	The concentration of chlorine in the sanitizing vat of the 3-vat sink in the bar was greater than 200 ppm. Chlorine shall be between 50 and 100 ppm. Please use test strips to ensure chlorine is at correct concentration in sanitizer solutions.		

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5-205.15B	A leak was observed in the water inlet line into the mechanical warewash machine. Plumbing shall be maintained in good repair. Please repair leak.	11/15/16	
6-501.12A	Water was pooled on the floor in front of the mop sink, inside the produce walk-in cooler, and in the doorway of the storage room. The water may be from a drip observed in the pipe for the mechanical warewash machine. Please keep floor dry to reduce areas for bacteria and mold to multiply in dirty wet pools.		
6-501.12A	Debris observed in two areas on the floor along the wall of the walk-in cooler across from the mop sink. Please clean floor thoroughly.		
6-501.16	Mops were left wet sitting inside the mop sink. Mops shall be hung to dry. Please hang mops to dry to reduce bacterial and mold growth.		
6-501.12A	Accumulation of debris observed on the water heater and area around water heater. Please clean as often as needed to keep clean.		
6-501.12A	Accumulation of debris on the knife holder, wall around the knife holder, and wall below 3-vat sink by the shelf holding sanitizer (left side of sink). Please clean knife holder and wall as often as needed to keep clean.		
4-901.11A	Metal and plastic containers were observed wet-nested on the rack next to the mechanical warewash machine. Please allow complete air drying before storing nested.		
4-501.14	Accumulation of debris on the spray nozzle handle at the 1-vat prep sink. Please clean spray harm and handle as often as needed to keep clean.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:	Sara Lugo, General Manager	Date: October 31, 2016
Inspector:	Rose Mier	Telephone No. (573)-431-1947
	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: Nov. 15, 2016



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ESTABLISHMENT NAME Buffalo Wild Wings		ADDRESS 615 Maple Valley Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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NOTE	According to manager, Sara Lugo, this facility will be closed and remodeled in Spring 2017. The remodel will include replacement of the floor in the kitchen. Please have the owner(s) contact our office to discuss the details of the remodel to determine if an Application for Food Establishments and pre-opening inspection are required.		
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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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
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5-501.116B	The outside surfaces of most trash cans throughout the facility were dirty. Please clean all surfaces of trash receptacles when emptied in an area where food and food-related items cannot be contaminated.	11/15/16	
4-601.11C	Debris observed on the outside surfaces of the bulk container of sugar, stored in the waiter prep area. Please clean all surfaces of container as often as needed to keep clean.	↓	↓
4-903.11A	A box of single-use items was stored on the floor in the kitchen storage room. Please store single-use items at least six inches off the floor.		
6-501.11	Several broken floor tiles were observed: by the doorway into the kitchen storeroom, in front of the water heater, corner by the mop sink, back entry doorway (by office), in front of deep fryers. Please repair.		
6-202.15A	The outside entry door by the office would not close. Outside entries shall be fully self-closing. Please repair.		
6-501.12A	Accumulation of debris on the floor and clutter in the storage room with the ice maker by the bar. Please clean floor and organize room to allow effective cleaning.		
4-601.11C	The top ledge of the ice maker in the storage room by the bar was wet, and mold and debris observed on the ledge and door hinge area. Please clean and sanitize, and keep dry to prevent mold growth.		
5-205.15B	The outside hose bibb near the outside entry by the office was leaking, causing a pool of greasy water standing near the entry. This presents harborage for pests. Please repair leak.		
6-501.12A	Accumulation of debris on the floor beneath and side of the soda dispenser by the bar. Please clean floor as often as needed to keep clean.		
4-302.14	There were no test strips to check the concentration of chlorine in sanitizer solutions at the bar. Please provide test strips at the bar at all times.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Sara Lugo, General Manager	Date: October 31, 2016
Inspector:	Rose Miller	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Follow-up Date: Nov. 15, 2016	



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ESTABLISHMENT NAME Buffalo Wild Wings	ADDRESS 615 Maple Valley Drive	CITY / ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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.**

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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.**

5-202.12A	The hot water temperature was 86F at the handwashing sinks in the bathrooms. Hot water at handsinks shall be at least 100F. Please adjust/repair or install additional water heaters to provide hot water at all times.	11/15/16	Ⓟ
6-202.15A	Daylight showed between the outer main customer entry doors. The inner door was propped open. Outside entries shall be sealed to reduce pest entry points. Please seal door.	↓	↓

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	Sara Lugo, General Manager	Date:	October 31, 2016
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Inspector:	Rose Mier	Telephone No.:	(573)431-1947	EPHS No.:	1390	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						Follow-up Date:	Nov. 15, 2016