



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

TIME IN	11:04 am	TIME OUT	12:55 pm
DATE	March 2, 2017	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: C-Barn #1		OWNER: Ray Johnson and Jim Johnson		PERSON IN CHARGE: Dana Kitchen	
ADDRESS: 1000 Sainte Genevieve Avenue			ESTABLISHMENT NUMBER: 3784		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)756-1330		FAX: none	
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input checked="" 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					
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	Proper use of reporting, restriction and exclusion			<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/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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)		
	Preventing Contamination by Hands				Consumer Advisory		
<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 <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	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"/> C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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					Utensils, Equipment and Vending		
<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		
		Food Identification			<input type="checkbox"/>	<input checked="" 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					Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Dana Kitchen</i> Dana Kitchen		Date: March 2, 2017	
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: March 17, 2017



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ESTABLISHMENT NAME C-Barn #1		ADDRESS 1000 Sainte Genevieve Avenue		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, G-series cooler		35			
Ambient, walk-in cooler		34			
Hot dog, roller		154			

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	Mold observed on the inside of the ice maker in the office area. Food contact surfaces shall be clean to sight and touch. Please discard ice, then wash, rinse, sanitize and air dry before returning to service.	3/3/17	<i>DK</i>
7-202.12A	A can of Raid ant killer was stored below the 3-vat sink. This insecticide was not labeled for use in a food facility. Please remove from facility and use only insecticides approved for use in food facilities.	3/2/17	
6-501.111	Rodent feces observed in the storage room holding bag-in-boxes. Facility shall be free of pests. Please remove all evidence of pests and begin an approved method of pest control (pest control company or bait in a covered container only).	3/17/17	
2-201.11, 2-201.12, 2-201.13	An employee illness policy was not available upon request. Please develop a written policy that complies with chapter two of the Missouri Food Code. Use sections 2-201.11, 2-201.12, and 2-201.13 and/or the FDA Employee Health and Personal Hygiene Handbook. Both documents are on-line; a copy of the FDA handbook was provided during this inspection. The policy may reference required reading of the FDA handbook and a signed agreement by each employee. See pages 5-17, and 33-38 in the FDA handbook and reference applicable pages.	3/17/17	

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
6-501.18	Debris and/or mold observed around the faucet/handle and ledge of the handwashing sink in the retail area. Handwashing sinks shall be kept clean. Please clean all surfaces of sink.	3/3/17	<i>DK</i>
4-601.11A	Accumulation of debris observed on the bottom shelf holding chips in the retail area. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean shelf.	3/17/17	
6-202.11A	Daylight observed between the doors on the east entry side into the retail area. Outside openings shall be sealed to reduce pest entry points. Please seal door.	3/17/17	
5-205.15B	A leak was observed below the handwashing sink in the office area. Plumbing shall be maintained in good repair. Please repair leak.	3/17/17	
6-501.12A	Accumulation of debris observed on the floor in the office area, including under furniture, in corners, and floor/wall juncture. Physical facilities shall be clean. Please clean floor.	3/17/17	
6-301.12	There were no paper towels at the handwashing sink in the office area. Handwashing sinks shall be supplied with disposable towels at all times. Please keep paper towels at this handwashing sink.	3/2/17	
4-601.11C	Accumulation of debris observed in some of the shelf liners holding cans in the walk-in cooler. Please clean shelf liners as often as needed to keep clean.	3/17/17	
6-501.11	The bottom of the wood entry door into the walk-in cooler was damaged, exposing raw wood. Facility shall be maintained. Please repair door and seal to make it nonabsorbent and cleanable.	3/17/17	

EDUCATION PROVIDED OR COMMENTS

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	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ESTABLISHMENT NAME C-Barn #1	ADDRESS 1000 Sainte Genevieve Avenue	CITY /ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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6-501.12A	Dirty areas observed on doors and walls throughout the facility. Facility shall be kept clean. Please clean walls and doors that are dirty.	3/17/17	
6-501.11	Damage observed on walls and door frames in many areas throughout the facility (example: wall and door frame behind soda dispenser, wall by G-series cooler, behind stored bag-in boxes in storage room). Please repair and seal damaged areas.	3/17/17	
6-501.14A	Accumulation of dust observed on HVAC and air return vents throughout the facility, and on walls where air blows from the vents. Ventilation systems shall not be a source of contamination. Please clean vents and walls as often as needed to keep clean.	3/17/17	
6-301.12	There were no paper towels at the handwashing sink by the 3-vat sink. Please supply paper towels through the dispenser at all handwashing sinks at all times so the use of the sink is not inhibited.	3/2/17	
4-501.14	The 3-vat sink was dirty. Warewashing sinks shall be cleaned at least daily when used. Please clean all surfaces of sink.	3/2/17	
6-202.15A	Daylight observed between the east entry doors into the storage room and below the south entry door into the back storeroom. Please seal.	3/17/17	
6-501.12A	Accumulation of debris on the floor and clutter in the back storage room. Please remove all items not necessary for the operation of the facility and organize to allow effective cleaning and pest control.	3/17/17	

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5-501.114	There was no plug in the drain in one of the outside trash dumpsters. Outside trash receptacle shall have a plug in the drain. Please ask trash company to install a plug.	3/17/17	[Signature]
6-202.15A	Electrical wires and conduit entered the building on the west side through an unsealed hole. Please seal around all holes on the exterior to reduce pest entry points.	3/17/17	
4-302.14	There were no test strips to check the concentration of chlorine in sanitizer solutions. Test strips shall be available and used to ensure sanitizer solutions contain between 50 and 100 ppm chlorine.	3/17/17	

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