



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

TIME IN	9:40 am	TIME OUT	12:05 pm
DATE	Sept. 12, 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: C-Barn #5		OWNER: Ray Johnson	PERSON IN CHARGE: Joyce Meadows	
ADDRESS: 13 West Karsch Blvd		ESTABLISHMENT NUMBER: 0830	COUNTY: 187	
CITY/ZIP: Farmington 63640		PHONE: (573)747-1205	FAX:	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<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)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT 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"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/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 checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>				
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		<input checked="" type="checkbox"/>				

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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					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 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>Joyce Meadows</i> Joyce Meadows		Date: September 12, 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: Sept. 19, 2016



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ESTABLISHMENT NAME C-Barn #5		ADDRESS 13 West Karsch Blvd	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Chicken, deep fryer		178, 182	Steam hot hold: gravy, BBQ sauce, sauce
Fish, deep fryer		207, 215	Display hot hold case: ambient, chicken
Ambient, Frigidaire freezer		8	Display hot hold case: egg roll, potato, chicken liver
Ambient, walk-in cooler		38	Refrigerator, deli: ambient, chicken

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
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3-302.11A	<p>DELI KITCHEN Raw chicken and eggs were stored above ground beef in the refrigerator. Food shall be stored to prevent cross contamination. Please store all raw animal products below all other food, and store raw animal foods in the following vertical order: raw poultry and eggs on the bottom, then raw ground meats (including sausage and mechanically tenderized meats), then whole muscle meats, then fish and seafood. CORRECTED ON SITE by rearranging in the correct order.</p>	COS	<i>[Signature]</i>
7-202.11	<p>STORAGE An in-use container of Roundup herbicide was stored on the counter by the rear exit door. Only those chemicals needed for cleaning and sanitizing facility are allowed in-use inside this facility. Please remove from inside facility.</p>	9/12/16	<i>[Signature]</i>

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6-501.14A	<p>DELI KITCHEN Accumulation of debris observed on the square, portable fan, stored below the windows. Ventilation systems shall not be a source of contamination. Please clean all parts of fan.</p>	9/19/16	<i>[Signature]</i>
4-904.11B	<p>Several utensils were stored with their handles down in the red crock, stored on the work table. Utensils shall be stored to prevent contamination. Please store with handles up to prevent contamination of food-contact surface when retrieving.</p>	9/12/16	<i>[Signature]</i>
4-601.11C	<p>Debris accumulation observed on the ledge and bottom of the sliding doors on the hot hold display case. Nonfood contact surfaces shall be clean to sight and touch. Please clean as often as needed to keep clean.</p>	9/19/16	<i>[Signature]</i>
4-601.11C	<p>The outside surfaces of the container holding pretzel salt was dirty. Please clean bulk containers of food as often as needed to keep clean.</p>	9/12/16	<i>[Signature]</i>
4-601.11C	<p>Debris observed on the outside surfaces of the Hatco food warmer. Please clean as often as needed to keep clean.</p>	9/12/16	<i>[Signature]</i>
3-501.13	<p>Chicken and livers were thawing in the sink. Food shall be thawed by the following methods: A) in the refrigerator; (B) under running water that is 70F or lower; (C) in the microwave if it is cooked immediately after thawing; (D) as part of the cooking process. Please thaw food correctly. CORRECTED ON SITE by thawing under cold running water.</p>	COS	<i>[Signature]</i>
6-403.11A	<p>Employee purse and keys were stored on the shelf below the microwave which also stored bread. Employee personal belongings shall be stored in a designated area where food and food-related items cannot be contaminated. Please store in designated area. CORRECTED ON SITE by moving to different location.</p>	COS	<i>[Signature]</i>

EDUCATION PROVIDED OR COMMENTS

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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
			Cream dispenser: ambient, Half & Half, French Vanilla
			Gehl Cheese Dispenser: ambient, cheese
			Ice cream freezer, ambient
			Walk-in freezer, ambient

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.		
3-501.17B	DELI RETAIL AREA The Half and Half cream and the French Vanilla cream in the dispenser were not labeled with the date of disposition. Potentially hazardous food that is held for more than 24 hours shall be labeled with the date of disposition, which is the day of opening plus an additional six days. Please label cream containers when placed in dispenser. CORRECTED ON SITE by date labeling containers.	COS	
3-501.16A	The temperature of the creams inside the dispenser were 58F and 62F. According to management, the products were placed in the dispenser earlier today. They are stored at room temperature until used. According to manufacturer's label, product should be pre-cooled before placing in machine. Please precool. CORRECTED ON SITE by placing containers in storeroom into the walk-in cooler.	COS	
4-601.11A	The ice chutes on the soda dispensers were heavily limed, and black mold observed on the outside of one. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize ice chutes at least daily.	9/12/16	
3-501.18A	RETAIL AREA A container of Select Brand aspirin (100 tablets) had an expiration date of July 2016. Please dispose or mark for return to distributor. CORRECTED ON SITE by placing in box for returns.	COS	

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.		
6-202.15A	DELI RETAIL AREA Daylight observed between the west entry doors (near the bathrooms), and the doors did not appear to fully close. Outside entry doors shall be tight-fitting and sealed. Please adjust/repair and seal doors to reduce pest entry points.	9/19/16	
4-601.11C	Accumulation of debris observed inside the cream dispenser. Please clean as often as needed to keep clean.	9/12/16	
4-601.11C	Accumulation of debris in the cabinets below the coffee dispensers. Please clean cabinets as often as needed to keep clean.	9/19/16	
4-903.11A	The cabinet and several sleeves of single-use lids, stored in cabinet below the soda dispenser, were soiled with sprayed or spilled liquid. Please dispose of single-use items and clean cabinet.	9/12/16	
6-501.14A	BATHROOMS The grates over the mechanical vents in both customer bathrooms were dirty. Please clean as often as needed to keep clean.	9/19/16	
4-601.11C	Mold and debris observed on the caulking between the handwashing sink and the wall in the men's bathroom. Please clean or replace caulk.	9/19/16	
6-202.15A	RETAIL AREA Daylight observed between the front entry doors. Please seal to reduce pest entry points.	9/19/16	
6-202.11A	Endcaps missing from several bulbs in the Soda customer reach-in coolers. Please install endcaps (3).	9/19/16	

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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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2-201.11, 2-201.12, 2-201.13	An employee health policy was not available. Please use Chapter 2 of the Missouri Food Code and/or the FDA Employee Health and Personal Hygiene Handbook to develop an Employee illness policy.		JM
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6-501.12A	STORAGE Liquid spills observed under pallets and shelves in the bag-in-box storage area. Please clean floor as often as needed to keep clean.	9/19/16	JM
4-601.11C	WALK-IN COOLER Mold growth observed on several white "shelf liners" holding Bug Juice and pint containers of milk. Please inspect all shelves and liners and clean and sanitize as often as needed to keep clean.	9/19/16	JM
6-501.12A	Accumulation of debris observed on the floor. Please clean floor, especially under shelves, as often as needed to keep facility clean.	9/19/16	JM
5-501.113B	OUTSIDE The dumpster lid was open on one dumpster. Lids shall be in-place on outside trash receptacles. Please keep lids closed.	9/12/16	JM

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