



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

|         |               |          |         |
|---------|---------------|----------|---------|
| TIME IN | 10:27 am      | TIME OUT | 1:30 pm |
| DATE    | July 11, 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:<br>Cuzzin's  | OWNER:<br>Tim Wiles  | PERSON IN CHARGE:<br>Tim Wiles   |
| ADDRESS:<br>313 East Columbia  | ESTABLISHMENT NUMBER:<br>0818  | COUNTY:<br>187   |
| CITY/ZIP:<br>Farmington 63640  | PHONE:<br>(573)756-4422  | FAX:<br>none   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other Risk Factor Study  |  |  |
| ESTABLISHMENT TYPE<br><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 |  |  |
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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   |     |   | IN OUT <input checked="" type="checkbox"/> N/A     | Proper reheating procedures for hot holding                 |     |   |
| IN <input checked="" type="checkbox"/> T           | Management awareness; policy present  |     |   | IN OUT <input checked="" type="checkbox"/> N/A     | Proper cooling time and temperatures                        |     |   |
| IN <input checked="" type="checkbox"/> T           | Proper use of reporting, restriction and exclusion  |     |   | IN OUT <input checked="" type="checkbox"/> N/A     | Proper hot holding temperatures                             |     |   |
|  | Good Hygienic Practices   |     |   | <input checked="" type="checkbox"/> OUT N/A        | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N/O        | Proper eating, tasting, drinking or tobacco use   |     |   | IN <input checked="" type="checkbox"/> T N/C N/A   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N/O        | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records)      |     |   |
|  | Preventing Contamination by Hands   |     |   |  | Consumer Advisory   |     |   |
| IN <input checked="" type="checkbox"/> T N/O       | Hands clean and properly washed   | ✓   |   | IN 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                              |     |   |
| IN <input checked="" type="checkbox"/> T           | Adequate handwashing facilities supplied & accessible                                       |     |   | IN OUT 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  |     |   | IN OUT <input checked="" type="checkbox"/> N/A     | Food additives: approved and properly used                  |     |   |
| IN OUT <input checked="" type="checkbox"/> N/A     | Food received at proper temperature   |     |   | 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                        |     |   |
| IN OUT N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   | IN OUT <input checked="" type="checkbox"/> N/A     | Compliance with approved Specialized Process and HACCP plan |     |   |
|  | Protection from Contamination   |     |   |  |   |     |   |
| IN <input checked="" type="checkbox"/> T N/A       | Food separated and protected  |     |   |  |   |     |   |
| IN <input checked="" type="checkbox"/> T N/A       | Food-contact surfaces cleaned & sanitized   |     |   |  |   |     |   |
| IN OUT <input checked="" type="checkbox"/> N/O     | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |  |   |     |   |

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

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 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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored   | ✓   |   | <input type="checkbox"/>            | <input checked="" 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:<br><i>Tim Wiles</i> Tim Wiles | Date:<br>July 11, 2016  |
| Inspector:<br><i>Rose Mier</i> Rose Mier               | Telephone No.<br>(573)431-1947                                      |
| EPHS No.<br>1390                                       | Follow-up:<br>Follow-up Date: July 25, 2016                         |
|  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



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|---|--|------------------------------|--|
| ESTABLISHMENT NAME<br>Cuzzin's          |  | ADDRESS<br>313 East Columbia | CITY / ZIP<br>Farmington 63640                           |
| FOOD PRODUCT/LOCATION                   |  | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION                                   |
| Ambient, 3-door chest beer cooler, bar  |  | 31                           | Frigidaire refrigerator, kitchen: ambient, raw shell egg |
| Ambient, 2-door glass-front cooler, bar |  | 39                           | Prep cooler top: tomatoes, lettuce, cheese               |
| Ambient, 2-door chest beer cooler       |  | 36                           | Prep cooler, bottom: ambient, ham, raw hamburger         |
| Ambient, keg cooler, bar                |  | 38                           | Ambient, Frigidaire freezer, kitchen                     |
| Ambient, chest freezer, kitchen         |  | 0                            | Walk-in cooler, ambient (no PHF stored in unit)          |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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.**

|                                  |  |         |    |
|----------------------------------|--|---------|----|
| 2-201.11<br>2-201.12<br>2-201.13 | An employee illness policy was not in use. Managers shall require food employees and conditional employees to report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. Please use chapter two of the Missouri Food Code and/or the FDA Employee Health and Personal Hygiene Handbook to develop an employee health policy. If using the FDA handbook, see pages 5-11, 13-17, 33-35, 37-38, 43-47, 49-51, 53-57, 59. Make copies of relevant sections and use to train employees. | 7/25/16 | TW |
| 4-601.11A                        | Black mold observed on the inside of the ice maker in the bar. Food contact surfaces shall be clean to sight and sound. Please remove all ice, wash, rinse, sanitize, and air dry before returning to service.   | 7/12/16 |    |
| 7-201.11B                        | A container of "Hot Shot" fogger was stored in the bar cabinet. This product is not approved for use in food establishments. Please remove from facility and use only approved methods of pest control for food establishments.  |         |    |
| 7-207.11A, B                     | A container of Tums, a bottle of cough suppressant, and hand lotion were stored with facility food in the bar. Employee medicines and personal items shall be stored in a designated area where food, equipment, linens, and single-use items cannot be contaminated. Please remove all medicines not essential for employee health and store all personal items in a designated area.   | 7/11/16 |    |
| 4-601.11A                        | Mold observed on the holder for the nozzle of the beverage dispenser in the bar. Please wash, rinse, and sanitize holder daily.  | 7/11/16 |    |
| 3-302.11A                        | Raw eggs were stored above ready-to-eat food in the Frigidaire refrigerator. Raw animal foods shall be stored below all other foods. Please place raw eggs on bottom shelf. CORRECTED ON SITE by moving eggs to bottom shelf.  | COS     |    |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

|           |   |         |    |
|-----------|---|---------|----|
| 4-601.11C | Accumulation of debris observed on top of the ice maker in the bar. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean as often as needed to keep clean.   | 7/12/16 | TW |
| 6-501.12A | Debris and litter on the floor below and around the sides of the ice maker in the bar. Please clean physical facilities as often as needed to keep clean.   | 7/12/16 |    |
| 4-101.19  | Glasses were stored on a cloth towel in the keg cooler in the bar. Equipment shall be stored on smooth, nonabsorbent surfaces. Please remove cloth.   | 7/11/16 |    |
| 6-202.15A | Daylight observed at the base of the front entry door. Openings to the outdoors shall be tight-fitting and sealed. Please seal to reduce pest entry points.   | 7/25/16 |    |
| 6-202.14  | The door on the women's bathroom was not fully self-closing. Please adjust or replace device to make door fully self-closing.   | 7/25/16 |    |
| 6-304.14  | There was no vent in the women's bathroom. Toilet rooms shall have ventilation to remove odors. Please provide mechanical ventilation to this bathroom.   | 7/25/16 |    |
| 6-501.14A | An accumulation of dust observed on the cover over the fan of the mechanical vent in the men's bathroom. Ventilation systems shall not be a source of contamination. Please clean as often as needed to keep clean.   | 7/15/16 |    |
| 3-307.11  | Employee foods were intermixed with facility food in the Frigidaire refrigerator. Employee food shall be stored so it does not contaminate facility food. Please store all employee food in one designated location that is separated from and below facility food. | 7/11/16 |    |
| NOTE      | According to owner, food is fully cooked before serving.  |         |    |

EDUCATION PROVIDED OR COMMENTS

|  |   |
|--|---|
| Person in Charge /Title: <i>Tim Wiles</i> Tim Wiles                            | Date: July 11, 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: July 25, 2016  |   |



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|                                |              |                              |                                |
|--------------------------------|--------------|------------------------------|--------------------------------|
| ESTABLISHMENT NAME<br>Cuzzin's |              | ADDRESS<br>313 East Columbia | CITY / ZIP<br>Farmington 63640 |
| FOOD PRODUCT/LOCATION          | TEMP. in ° F | FOOD PRODUCT/ LOCATION       | TEMP. in ° F                   |
| Hamburgers, grill              | 209, 198     |                              |                                |
| Chicken, deep fryer            | 199          |                              |                                |
|                                |              |                              |                                |
|                                |              |                              |                                |

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|----------------|---|-------------------|---------|
| 3-501.17A      | Food held in the refrigerated units were labeled with the date of preparation or opening, not the disposal date. Ready-to-eat, potentially hazardous food that is held for more than 24 hours shall be labeled with the date of disposition, which is the date of opening (if commercially prepared) or preparation plus an additional six days (seven days total). Please label all foods meeting the requirements with a 7-day disposal date.   | 7/11/16           | TW      |
| 3-302.11A      | Raw poultry was stored above and intermixed with produce on the chest freezer. Food shall be stored to prevent cross contamination by separation or in the following vertical order: raw poultry on bottom, then ground meats (including sausage and mechanically tenderized meats), then whole muscle meats, then fish and seafood. All other foods are stored above these raw animal foods or separated from them. Please rearrange freezer to protect food from cross contamination. | 7/11/16           |         |
| 4-702.11       | Food contact equipment was not sanitized after cleaning. Food contact surfaces shall be washed in detergent, rinsed in clear water, then immersed in sanitizer before air drying. Prepare sanitizer solution by mixing 1/2 to 1 teaspoon regular unscented household bleach per gallon of water; use test strips to ensure chlorine concentration is between 50 and 100 ppm chlorine. CORRECTED ON SITE by discussion with employee and preparing sanitizer solution.                   | COS               |         |
| 7-201.11A      | Dish detergent was stored with clean equipment above the 3-vat sink, and cleaning detergents were stored on the shelf below the microwave with clean equipment and utensils. Toxins shall be stored below or separated from food, clean equipment and utensils, clean linens, and single-use items. Please store these chemicals in a designated location where food and food-related items cannot be contaminated. CORRECTED ON SITE by moving chemicals below sink.                   | COS               |         |
| 4-601.11A      | The stem of the food thermometer was dirty. Please wash, rinse, sanitize after and before use. CORRECTED ON SITE by wash, rinse, sanitize thermometer.  | COS               |         |

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| 6-501.12A      | Accumulation of grease observed on the floor around and under the cooking equipment. Please clean as often as needed to keep clean.   | 7/25/16           | TW      |
| 6-501.12A      | Grease splatters observed on the wall between the deep fryer and the fire extinguisher. Please clean as often as needed to keep clean.  | 7/25/16           |         |
| 3-304.12C      | In-use tongs were stored hanging from a pipe and touching the wall adjacent to the deep fryer. In-use utensils shall be stored on a surface that is cleaned and sanitized a minimum of every four hours while in continual use (along with the tongs).                                | 7/11/16           |         |
| 5-501.116A     | The outside surfaces of the kitchen trashcans were dirty. Trash cans shall be clean. Please clean all surfaces of trash cans when emptied in a location that will not contaminate food and food-related items.  | 7/12/16           |         |
| 4-203.11A      | The food thermometer read from 120F to 220F and was not able to be calibrated. Please provide an accurate thermometer that is able to be calibrated, reading from 0 to 220F in two degree increments for checking food held cold as well as cooking temperatures.                     | 7/15/16           |         |
| 5-205.11A      | Access to the handwashing sink was blocked with coolers. Handwashing sinks shall be accessible at all times. Please store coolers elsewhere.  | 7/11/16           |         |
| 5-205.15B      | The faucet at the 3-vat sink was leaking. Plumbing shall be maintained in good repair. Please repair leak.  | 7/25/16           |         |
| 4-501.11B      | There were no stoppers for the drains of the 3-vat sink. Please provide stoppers to allow filling of sinks without loss of water from the displacement of the lids that were in-use.  | 7/25/16           |         |

EDUCATION PROVIDED OR COMMENTS

|  |  |
|--|--|
| Person in Charge /Title: <i>Tim Wiles</i> Tim Wiles                            | Date: July 11, 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: July 25, 2016  |  |



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|--------------------------------|--|------------------------------|------------------------|--------------------------------|--------------|
| ESTABLISHMENT NAME<br>Cuzzin's |  | ADDRESS<br>313 East Columbia |                        | CITY / ZIP<br>Farmington 63640 |              |
| FOOD PRODUCT/LOCATION          |  | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION |                                | TEMP. in ° F |
|                                |  |                              |                        |                                |              |
|                                |  |                              |                        |                                |              |
|                                |  |                              |                        |                                |              |
|                                |  |                              |                        |                                |              |

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|           |   |         |    |
|-----------|---|---------|----|
| 2-301.14  | The cook was observed not washing hands after cleaning and before putting on gloves for food preparation. Please ensure all employees know when to wash hands (after cleaning, after handling dirty dishes, before putting on gloves, after leaving the kitchen, after eating or using tobacco products, after touching any part of the body, etc.) <b>CORRECTED ON SITE</b> by discussion with employee. | COS     | TW |
| 5-203.14B | A hose was attached to the hose bibb at a floor sink in the outside volleyball court. A backflow prevention device was not on the hose bibb. Water shall be protected from contamination from backflow. Please install an American Society of Sanitary Engineering (ASSE) rated backflow prevention device (hose bibb vacuum breaker) between the hose and hose bibb.                                     | 7/25/16 |    |

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|            |   |         |    |
|------------|---|---------|----|
| 3-304.14B  | Wet wiping cloths were not stored in sanitizer between uses. Please store in sanitizer solution (50 to 100 ppm chlorine) between uses. <b>CORRECTED ON SITE</b>   | Cos     | TW |
| 6-501.11   | Damage was observe on the wall behind the handwashing sink, chest freezer, and 3-vat sink in the kitchen. Walls shall be smooth and cleanable. Please repair wall.  | 7/25/16 |    |
| 5-501.112A | A trash can with filled trash bags in it was stored unlidded in the enclosed area outside the back entry  | 7/25/16 |    |
| 5-501.113B | door. Trash cans stored outdoors shall have tight fitting lids, and trash bags shall be stored inside of pest-proof containers. Please store all trash outdoors in lidded trash receptacles.  | 7/25/16 |    |
| 5-501.114  | A plug was missing from the drain of the outside trash dumpster. Please ask trash company to install a plug to reduce pest access points and to prevent drainage of liquid food wastes.   | 7/25/16 |    |
| 4-501.16A  | Employee was observed washing hands at the 3-vat sink. Sinks used to for cleaning equipment shall not be used for washing hands. Please wash hands only at handwashing sinks. <b>CORRECTED ON SITE</b> by discussion of rule with employee. | COS     |    |

EDUCATION PROVIDED OR COMMENTS

|  |                             |                               |
|--|-----------------------------|-------------------------------|
| Person in Charge / Title: <i>Tim Wiles</i> Tim Wiles                           |                             | Date: July 11, 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: July 25, 2016 |