



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

TIME IN	10:36 am	TIME OUT	12:40 pm
DATE	March 29, 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: Dairy Queen	OWNER: Buddy and Angela King	PERSON IN CHARGE: Angie King
ADDRESS: 1701 West Columbia Street	ESTABLISHMENT NUMBER: 0820	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)760-9002	FAX: (573)760-9002
PURPOSE: <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: <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: <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-12922, Exp. 10/31/16	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 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		
	Good Hygienic Practices			<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/O 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"/> OUT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<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 checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT 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	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"/>						
Approved thawing methods used				Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Food properly labeled; original container				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Prevention of Food Contamination				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Fruits and vegetables washed before use				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
				Physical facilities installed, maintained, and clean			

Person in Charge /Title: Angie King	Date: March 29, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Date: April 19, 2016
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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ESTABLISHMENT NAME Dairy Queen		ADDRESS 1701 West Columbia Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, True Smoothies flavorings cooler		28	Ambient, Beverage Air Cooler dessert freezer		8
Ambient, Sundaes flavorings freezer		0	Ice cream maker: ambient, chocolate, vanilla		37, 37, 36
Milk dispenser: ambient, milk		36, 37	Ice cream maker: ambient, chocolate, vanilla		38, 37, 40
Ambient, Master Bilt ice cream cake freezer		0	Hamburger patty, broiler, think and thick		168, 172
Ambient, meat chest freezer		5	Chicken, deep fryer		188

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
7-201.11A	Temperatures, continued, in degrees Fahrenheit: Sandwich make table: ambient, bottom 34, top: cut lettuce 36, sliced tomatoes 37, cheese 37 Beverage Air cooler: ambient 35, turkey 38 Steam table: milk gravy 141; chili beef 157 True Refrigerator: ambient 36, chicken 40, hot dogs 35; True freezer, ambient 10 Ambient, glass door dessert freezer: 0 Walk-in cooler: ambient 32, cut lettuce 40, ice cream mix 36, pulled pork 36; Walk-in freezer: ambient 6		
7-201.11A	A can of Febreeze was stored on the same shelf as food below the service counter. Toxins shall be stored separately from food. Please move to location that protects food, single-use items, clean equipment, and clean linens from contamination. CORRECTED ON SITE by moving can	COS	VAK
4-601.11B	Debris observed on the pink ice scoop and tray stored on top of the ice maker. Please wash, rinse, sanitize scoop and tray daily. CORRECTED ON SITE by w-r-s	COS	
7-201.11B	Dish detergent and sanitizer were stored on the wall above the 3-vat sink. Chemicals shall be stored below or separately from clean equipment, food, clean linens, or single-use items. Please rearrange chemicals so they are not above the 3-vat sink.	4/19/16	
4-601.11A	Food debris observed on the cutting blades of the Nemco slicer, stored on the cart also storing chemicals. Please wash, rinse, sanitize, and inspect for cleanliness.	3/29/16	
4-601.11A	A ladle, hanging on the rack across from the first aid station, had food debris in the bowl. Please wash, rinse, sanitize, and inspect for cleanliness.	3/29/16	
3-501.17A	Pulled pork in the walk-in cooler was not date marked for disposition. Please label with 7-day disposition.	3/29/16	

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
4-601.11C	Debris observed on the gray plastic holders storing lids and plastic utensils beneath the service counter. Please clean holders as often as needed to keep clean. CORRECTED ON SITE by cleaning containers	COS	JK
3-305.11A	Accumulation of grease observed on the heater cover of the fry warmer next to the deep fryer. Drippage may occur onto fries. Please clean as often as needed to keep clean to prevent contamination of fries.	3/30/16	
4-601.11C	The bulk plastic containers on the shelf of the table holding the table-mounted can opener felt sticky. Please clean containers as often as needed to keep clean.	3/30/16	
6-501.11	Ceiling tiles were stained in several areas of the facility, including the women's bathroom, dining area, and service area. Please ensure there are no leaks, then either paint or replace the ceiling tiles.	4/19/16	
6-501.18	Algae and mold were observed inside the plastic handle covers on the handwashing sink in the women's bathroom. Please clean as often as needed to keep clean.	4/1/16	
6-501.11	Ceiling tile were either missing or dislodged in the kitchen. Please replace ceiling tiles.	4/19/16	
5-501.114	There was no plug in the drain in the outside dumpster. Please have company install a plug in the drain to prevent drainage from dumpster and entry for pests.	4/19/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *AJK* Angie King Date: March 29, 2016

Inspector: *Rose Mier* Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up: Yes No Follow-up Date: April 19, 2016