



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

| | | | |
|---------|---------|----------|--------|
| TIME IN | 10:50am | TIME OUT | 3:45pm |
| DATE | 11-1-16 | PAGE | 1 of 6 |

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: Farmington Family Fun Center | | OWNER: Farmington Family Fun Center, LLC | | PERSON IN CHARGE: David Kennedy | |
| ADDRESS: 765 Weber Road | | | ESTABLISHMENT NUMBER: 4523 | | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | | PHONE: 573-756-6161 | | FAX: 573-701-0601 | |
| 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 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 checked="" 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> N/O | Proper eating, tasting, drinking or tobacco use | | | <input type="checkbox"/> IN <input checked="" 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> | 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"/> | 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"/> | 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 | | | | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food separated and protected | | | | 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"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> | 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 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 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 type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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|------------------------|--|---------------|--|--|---------------|
| Person in Charge/Title | | David Kennedy | | Date: November 1, 2016 | |
| Inspector: | | John Wiseman | | Telephone No. (573)431-1947 | EPHS No. 1507 |
| | | | | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Follow-up Date: 11-22-16 | |



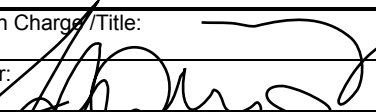

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

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|--|--|---------------------------|--|---------------------------------|--------------|
| ESTABLISHMENT NAME Farmington Family Fun Center | | ADDRESS 765 Weber Road | | CITY / ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Buffet dessert cooler | | 34 | FWE hot cabinet: roast, fried chicken | | 138, 170 |
| Ice cream freezer | | 28 | True cooler, True 2-door cooler | | 32, 34 |
| Buffet hot hold: Chicken parm, grn bean | | 203, 207 | Walk-in cooler amb | | 36 |
| chicken & dumplings, pot roast | | 202, 202 | Walk-in cooler: baked chicken, meat loaf | | 39, 40 |
| Buffet cold hold: lettuce, egg, ham | | 40, 37, 35 | Walk-in freezer amb | | 10 |

| 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 | An accumulation of grease and residue was observed in containers of equipment on the shelf above the prep table in the bakery area. Food contact surfaces shall be clean to sight and touch. COS by moving items to warewashing. | COS | |
| 4-601.11A | Bi-metal food thermometers were observed stored in a foam cup of dirty water in the kitchen. Food contact surfaces shall be clean to sight and touch. COS by cleaning and sanitizing the thermometers. Please do not store thermometers in water. | COS | D/K |
| 4-601.11A | Mold and debris was observed on sheet pans stored on rolling racks in the walk-in cooler. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the pans. | 11-1-16 | |
| 3-501.17A | A discard date was not observed on a tray of sliced ham in the walk-in cooler. Potentially hazardous foods stored refrigerated shall be marked with the day or date, not to exceed seven days, by which time the food will be sold, consumed or discarded. COS by marking with the discard date. | COS | |
| 4-601.11A | An accumulation of mold was observed on the deflector inside the facility ice machine. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the ice deflector. | 11-4-16 | |
| 4-501.11A | Residual chlorine was not detected in the rinse cycle of the mechanical dishwasher. Chemical sanitizing dishwashers using chlorine sanitizer shall have a chlorine residual of 50 - 100 ppm. Until the dishwasher is repaired, sanitize all equipment in the facility three compartment sink. | 11-1-16 | |

| 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 |
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| 4-901.11 | 9X13 steel pans were wet nested on the lower shelf of the prep table in the bakery room. Equipment shall be air dried. Please air dry equipment after cleaning and sanitizing. | 11-22-16 | h/z |
| 6-403.11A | An employee beverage was stored on the prep table in the bakery area. Employee beverages shall be stored where they cannot contaminate food or food contact surfaces. COS by removing the beverage. | COS | |
| 4-601.11C | An accumulation of food debris was observed on the inside, outside and door sills of the ovens in the bakery room. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the ovens. | 11-22-16 | |
| 6-501.12A | The hand wash sink in the kitchen and adjacent walls and soap and paper towel dispensers are dirty. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the sink and surrounding areas. | | |
| 4-901.11 | Steel pans were observed wet nested on the lower shelf of the prep table in the kitchen. Equipment shall be air dried after cleaning and sanitizing. Please air dry equipment. | | |
| 4-601.11C | An accumulation of grease and debris was observed on the exterior surfaces of the fryers and other equipment in the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the equipment. | | |
| 6-501.11A | Grease and food debris was observed on the floor below the fryers. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area. | | |

EDUCATION PROVIDED OR COMMENTS

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|---|------------------------------|--------------------------|
| Person in Charge / Title:  David Kennedy | | Date: November 1, 2016 |
| Inspector:  John Wiseman | Telephone No. (573) 431-1947 | EPHS No. 1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: 11-22-16 |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

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|--|--|---------------------------|--|--------------------------------|--------------|
| ESTABLISHMENT NAME Farmington Family Fun Center | | ADDRESS 765 Weber Road | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Beer cooler | | 38 | Sandwich cooler amb | | 32 |
| Pizza prep /service area | | 34 | Sand cooler cold hold: tomato,lettuce,hotdog | | 35,40,36 |
| Pizza prep cold hold: sauce, cheese | | 33, 40 | Grill freezer drawers: #1,#2,#3,#4 | | 22,18,18,0 |
| mushrooms, sausage, grn beef | | 35, 38, 33 | Gehl's cheese | | 151 |
| Bun freezer | | 0 | Fryer freezer | | 0 |

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| 4-601.11A | An accumulation of dried soda syrup and mildew were observed on the ice chute of the soda machine in the wait station. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize this area. | 11-1-16 | |
| 7-201.11B | A bottle of drain cleaner was observed stored beside single use coffee stirrers in the cabinet below the beverage station in the front service area. Toxic materials shall be stored where they cannot contaminate single service items. COS by removing the drain cleaner. | COS | nk |

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| 6-501.12A | An accumulation of grease was observed on the wall and hood above the fryers and grill in the kitchen. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area. | 11-22-16 | nk |
| 6-501.12A | The floor in the walk-in cooler is dirty. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area. | | |
| 4-601.11C | The rolling rack in the walk-in cooler was observed to be dirty. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the rolling rack. | | |
| 6-501.12A | An accumulation of debris was observed on the front and back of the cooling unit in the walk-in cooler. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the debris from the cooling unit. | | |
| 4-601.11C | Mold and debris was observed on the open wire shelving in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the shelving. | | |
| 4-601.11C | The door seals of the walk-in cooler are dirty. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the door seals. | | |

EDUCATION PROVIDED OR COMMENTS

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| Person in Charge / Title: David Kennedy | | Date: November 1, 2016 |
| Inspector: | John Wiseman | Telephone No. (573)-431-1947 EPHS No. 1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: 11-22-16 |



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| ESTABLISHMENT NAME Farmington Family Fun Center | | ADDRESS 765 Weber Road | | CITY / ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Hot hold pizza | | 145 | | | |
| Reach-in beer cooler | | 28 | | | |
| True glass front cooler | | 40 | | | |
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| 6-501.18 | Mold was observed on the plumbing and indirect drain below the food prep sink in the kitchen. Plumbing fixtures shall be cleaned as often as necessary to keep them clean. Please clean this area. | 11-22-16 | h: |
| 6-501.12A | An accumulation of debris was observed on the walk-in freezer door. Physical facilities shall be cleaned as often as necessary. Please clean the door surfaces. | | |
| 6-501.12A | The walk-in freezer floor is dirty. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor. | | |
| 6-501.112 | Dead insects were observed on the floor of the beer cooler. Dead insects shall be removed at a frequency that prevents their accumulation. Please clean the beer cooler floor. | | |
| 6-501.12A | An accumulation of dirt, food residue, broken glass and debris was observed on the floor below the dry storage racks across from the three compartment sink. Physical facilities shall be cleaned as often as necessary to keep them clean. Please move the racks and clean the floor in this area. | | |
| 3-302.12 | A green five gallon bucket of sugar was observed stored in the dry storage area without labeling. Food that is not in its original packaging and is not readily identifiable shall be labeled with the common name of the food. Please label the sugar. | | |
| 6-501.14 | An accumulation of debris was observed on the HVAC ceiling vents in the kitchen and warewashing areas. Intake and exhaust vents shall be cleaned so they are not a source of contamination. Please clean the vent covers. | | |

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| Inspector: | John Wiseman | Telephone No. (573) 431-1947 EPHS No. 1507 Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 11-22-16 |



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| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
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| 6-301.12 6-301.11 6-501.11 4-601.11C 4-601.11C 6-501.18 6-403.11A | <p>Paper towels and hand wash soap was not provided at the hand wash sink in the warewashing area. The paper towel dispenser was observed to be coming off of the wall. Hand wash sinks shall be adequately provisioned. Physical facilities shall be maintained in good repair. Please repair the towel dispenser and provide paper towels and hand soap an this sink.</p> <p>Soiled plastic mechanical dishwasher racks were observed stored on the sanitized side of the three compartment sink. Non-food contact equipment shall be cleaned as often as necessary to prevent recontamination of clean food contact equipment. Please clean soiled dishwasher racks as necessary.</p> <p>An accumulation of grease was observed on a grease transfer device stored beside the three compartment sink. Non-food contact equipment shall be cleaned as often as necessary to keep it clean. Please clean this device as often as necessary.</p> <p>The exterior of the three compartment sink and the plumbing below the sink is dirty. Plumbing fixtures shall be cleaned as often as necessary to keep them clean. Please clean the three compartment sink and the plumbing and area below the sink.</p> <p>An employee beverage was observed stored on open wire shelving above clean equipment in the warewashing room. Employee beverages shall be stored where they cannot contaminate equipment. COS by removing the beverage.</p> | 11-22-16 | DL |
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| Inspector: John Wiseman | Telephone No. (573)431-1947 EPHS No. 1507 Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 11-22-16 |



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| 4-501.14 | The interior of the mechanical dishwasher was observed to be covered with a greasy, grimy residue. A warewashing machine shall be cleaned as often as necessary to prevent recontamination of clean equipment. Please thoroughly clean the interior and exterior of the dishwasher. | 11-22-16 | AK |
| 5-501.17 | A covered waste can was not present in the restroom connected to the kitchen area. Toilet rooms accessed by females shall be provided with a covered waste can. Please provide a covered waste can in the restroom. | | |
| 4-903.12A 5 | A toaster and a coffee carafe were observed stored below the handwash sink in the wait station. Food equipment shall not be stored below plumbing. Please relocate these items. | | |
| 4-601.11C | The door seals of many of the freezers and coolers in the facility were observed to be dirty. Some door seals are damaged. Please replace all damaged door seals and clean and sanitize as necessary to prevent an accumulation of debris and mold. | | |

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| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up Date: 11-22-16 |