



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

TIME IN	1:24 pm	TIME OUT	3:20 pm
DATE	May 19, 2015	PAGE	1 of 3

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 Meat and Processing	OWNER: Jeff Nash	PERSON IN CHARGE: Gail Grindstaff
ADDRESS: 110 West First Street	ESTABLISHMENT NUMBER: 4141	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-2204	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 <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input checked="" 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		
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> 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			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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 checked="" type="checkbox"/> OUT <input 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"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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 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 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 type="checkbox"/>	<input checked="" 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 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 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		

Person in Charge /Title: <i>Gail Grindstaff</i> Gail Grindstaff	Date: May 19, 2015
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Follow-up Date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No June 2, 2015



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ESTABLISHMENT NAME Farmington Meat and Processing		ADDRESS 110 West First Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Haier table-top cooler		41	Ambient, fresh meat case by ham hocks		39
Ambient, fresh meat case by pork steaks		41	Ambient, cheese and lunch meat case		36
Ambient, True 3-door glass freezer		0	Ambient, sliding top freezer		0
Ambient, glass door Pepsi cooler		40	Ambient, glass door Coke cooler		42

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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5-202.13	The spray nozzle on the 3-vat sink lacked an air gap when allowed to hang loose. An air gap between the water supply inlet and the flood level rim of the sink shall be at least twice the diameter, but not less than 1". Please adjust so correct air gap exists, or remove and cap shower arm if not used.	6/2/15	
4-702.11	According to manager, some food-contact equipment is cleaned in one vat of the 2-vat sink. One vat is designated as the mop sink. Food contact surfaces shall be washed, rinsed, and sanitized after cleaning. Please do not use the mop sink for purposes other than disposal of cleaning water, and use the 3-vat sink for cleaning and sanitizing all equipment.	5/19/15	
3-302.11A	Ground meat was stored above whole-muscle meat in the walk-in freezer on the retail side. Food shall be stored to prevent cross-contamination. Please store raw poultry on bottom, then ground meats, then whole-muscle meats.	5/19/15	
4-602.11C	According to manager, the clean-in-place equipment is not sanitized during the day, only at the end of the day. The room is not cooled to prevent bacterial growth. Food-contact equipment and utensils in continual use shall be washed, rinsed, and sanitized at least every four hours. Please wash, rinse, and sanitize all equipment used in food preparation at least every four hours while in continual use.	5/19/15	

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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6-501.12A	Splatters observed on FRP board and paper towel dispenser behind the handwashing sink in the kitchen. Facility shall be cleaned as often as needed to keep clean.	6/2/15	
6-501.11	Water stain observed on one ceiling tile in the warewashing area, and other tiles observed dislodged from their track in the meat cutting/warewash area. Facility shall be maintained in good condition. Please ensure there are no leaks, then either paint or replace the stained tile, and replace dislodged tiles into their tracks.	6/2/15	
4-204.112 A	A thermometer was not found in the Haier counter-top refrigerator. Please place a thermometer scaled in two degree increments, from 0 to 220F, in the warmest part of this refrigerator.	6/2/15	
3-305.11A	Ice observed dripping from the condenser unit and the ceiling of the walk-in freezer. Food shall be protected from contamination from drippage. Please repair unit to prevent ice drippage, and protect food.	6/2/15	
4-501.11B	The seal on the door of the walk-in freezer was pulled loose. Seals shall be maintained in good condition. Please replace seal.	6/2/15	
NOTE	Custom processed meat was stored on the floor in the walk-in freezer. It is strongly recommended all food be stored at least six inches off the floor.		
5-205.11B	The handwashing sink in the meat processing area had equipment in its basin. Handwashing sinks shall be used only for handwashing. Please use this sink only for handwashing.	5/19/15	

EDUCATION PROVIDED OR COMMENTS

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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.					
3-302.11A	Catfish fillets were stored beneath trays of ground beef in the retail freezer. Food shall be stored to prevent cross contamination. Please store fish and seafood above ground meats and whole-muscle meats.			5/19/15	JG
4-601.11A	Dried debris observed on the meat and cheese slicers. Food contact surfaces in continual use shall be washed, rinsed, and sanitized at least every four hours. Please clean.			5/19/15	
3-502.12B	This facility vacuum packs raw meats for retail in the frozen state. An reduced oxygen packaging (ROP) plan was submitted to the Missouri Department of Health and Senior Services several years ago. The response was received in 2014 regarding deficiencies in the plan. This information was conveyed to Mr. Nash by letter dated September 5, 2014.			6/2/15	
3-501.17A	Ready-to-eat foods (hams, turkey, pickle loaf, and roast beef) observed without discard date. Please label opened packages of ready-to-eat foods with a discard date that is six days from the day of opening (seven days total). COS by discarding lunch meat and relabeled ham and turkey.			COS	
4-601.11A	Debris observed on the blade of a knife stored in the bucket in the service area. Food contact surfaces shall be clean to sight and touch. Please clean. COS by moving to 3-vat sink.			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.					
6-202.15A	Several holes and openings observed in the exterior walls on the east and south sides of the building. Perimeter walls and roofs shall effectively protect the establishment from the entry of pests. Please seal all openings in walls, where pipes or wires enter, and eaves.			6/2/15	JG
6-202.15A	Damage observed below the front entry doors. Floors shall be maintained in good condition so they are cleanable. Please repair to make floor smooth and nonabsorbent.			6/2/15	
4-601.11C	Debris observed on a knife handle and inside the bottom of the container where knives are stored in the service area. Please clean as often as needed to keep clean.			5/21/15	
6-501.12A	Debris observe on the floor behind the furnace and AC unit. Please clean physical facilities as often as needed to keep clean.			6/2/15	
6-501.12A	Debris and a plant growing behind the Coke and Pepsi coolers. Please remove debris and seal outside perimeter holes.			6/2/15	

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