



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

TIME IN	9:47 am	TIME OUT	12:00 pm
DATE	Sept. 14, 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: Farmington Middle School Cafetera	OWNER: Farmington R-VII School District	PERSON IN CHARGE: Judy Myers
ADDRESS: 506 South Fleming Street	ESTABLISHMENT NUMBER: 0824	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)701-1330	FAX: (573)701-1339
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 checked="" 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		
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		
<b>Employee Health</b>				<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT 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 N/O N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<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			<input checked="" type="checkbox"/> OUT 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/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<input checked="" type="checkbox"/> OUT N/A	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT 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				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>				<input checked="" type="checkbox"/> OUT N/A	<b>Chemical</b>		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<input checked="" type="checkbox"/> OUT N/O	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT N/A	Compliance with approved Specialized Process and HACCP plan		
<b>Protection from Contamination</b>				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 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	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		
<b>Food Temperature Control</b>					<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			<b>Utensils, Equipment and Vending</b>				
<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		
<b>Food Identification</b>					<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		
<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>				
<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Judy Myers</i> Judy Myers	Date: September 14, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Follow-up Date: Sept. 30, 2016
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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ESTABLISHMENT NAME Farmington Middle School Cafeteria		ADDRESS 506 South Fleming Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Saturn freezer		0	Saturn cooler: ambient, cut lettuce		36, 42
Taco meat, steam table		168	Hot hold cabinet: ambient, taco meat		152, 173
Ambient, Metro hot hold cabinet (empty)		135	Milk cooler: ambient, milk		39, 36
Walk-in cooler: ambient, lettuce		32, 41	Cooler, ala carte refrigerator		40
Ambient, walk-in freezer		3	Pizza, corn in serving line steam table		194, 174

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-601.11A	Food debris observed on a food tray, stored on table next to Saturn cooler in service line. Food contact surfaces shall be clean to sight and touch. Please inspect after cleaning. CORRECTED ON SITE by moving tray to warewash area.	COS	
4-601.11A	Dried dough observed on the shaft of the floor stand mixer. Please clean all parts of mixer after use to prevent dried debris from falling into bowl during mixing. COS by cleaning	COS	
7-102.11	A gallon container of yellow liquid, stored on chemical shelf below the 3-vat sink, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. COS by labeling	COS	
5-203.14A	The head of the spray-arm, located at the garbage disposal at the 3-vat sink, hung below the rim of the sink. Water shall be protected from contamination from back-siphonage. Please adjust or replace spring to ensure an air gap is maintained between the end of the spray arm and the rim of the sink.	9/30/16	
4-501.114A	The chlorine concentration in the sanitizer solution, stored on the 3-vat sink, was greater than 200 ppm. Please use test strips to ensure chlorine concentration is between 50 and 100 ppm in sanitizer solutions. COS	COS	
3-501.17B	An opened container of ham in the walk-in cooler was labeled as 9-14-16 and 9-22-16. Potentially hazardous food that is opened (or prepared) and held for more than 24 hours shall be labeled with a seven day disposition date, which is the day of opening (or preparing) plus an additional six days. Please label with 7-day disposition date. COS by correcting label	COS	
3-202.15	A No. 10 can of red beans was dented on its top seam, possibly jeopardizing the contents. Packaging shall protect the contents. Please dispose of beans or mark for return to distributor. COS moved to disposal	COS	
6-501.111	What appeared to be mouse feces was observed on top of a can of Cream of Chicken soup in the storeroom. Please remove all evidence of pests, monitor for pest activity, and begin and approved method of pest control if needed.	9/30/16	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
3-305.11A	Bowls and bags of chips were stored next to the handwashing sink in the serving line. These items are subject to splash from the handwashing sink. Please do not store food and food-related items next to the sink, or install a splash shield around sink.	9/14/16	
6-501.14A	Dust accumulation observed on the wall-mounted fans in the serving area and in the warewashing room. Ventilation systems shall not be a source of contamination. Please clean fans as often as needed to keep clean.	9/30/16	
6-501.110B	Two containers of hand lotion were stored on the table where clean equipment were also stored. Chemicals and personal items shall be stored in a designated location where food, equipment, clean linens, and single-use items cannot be contaminated. Please move lotions to designated employee area. COS	COS	
5-205.15B	The faucet of the handwashing sink near the walk-in coolers was dripping. Plumbing shall be maintained in good condition. Please repair.	9/30/16	
4-101.19	A cloth towel was used inside the mobile food cart, stored in the dry store room. The towel had debris on it. Surfaces needing frequent cleaning shall be non-absorbent. Please remove towel. COS	COS	
4-203.12B	The integral thermometer on the Metro hot hold cabinet was inaccurate, reading 155F when the actual temperature was 135F. Please install an accurate thermometer on the inside of this unit.	9/14/16	

EDUCATION PROVIDED OR COMMENTS

Menu: tacos, cheese pizza, corn, sherbert, fruit, milk, curly fries

Person in Charge /Title: Judy Myers		Date: September 14, 2016
Inspector: 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. 30, 2016