



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

TIME IN	5:53 pm	TIME OUT	8:00 pm
DATE	June 9, 2016	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 Sports Complex Concession Stand		OWNER: City of Farmington	PERSON IN CHARGE: Julianne Miller/Josh Thomas	
ADDRESS: 1100 Ste. Genevieve Ave.		ESTABLISHMENT NUMBER: 4489	COUNTY: St. Francois (187)	
CITY/ZIP: Farmington, MO 63640		PHONE: NA	FAX: NA	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
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				
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____				
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 checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O <input 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 type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/O <input 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				Consumer Advisory		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <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"/> Q/T	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"/> C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	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 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 <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>Julianne Miller/Josh Thomas</i>	Julianne Miller/Josh Thomas	Date:	June 9, 2016
Inspector: <i>Jon Peacock</i>	Jon Peacock	Telephone No.:	(573)431-1947
		EPHS No.:	880
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	6-21-16



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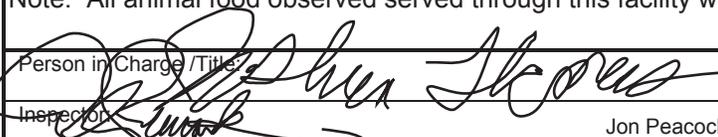
ESTABLISHMENT NAME Farmington Sports Complex Concession Stand		ADDRESS 1100 Ste. Genevieve Ave.	CITY / ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Kenmore fridge/freezer/Ambient		30/0	Dippin Dots chest freezer/Ambient	
Gehl cheese/Gehl cheese dispenser		100	Hot dog/Heat Maxx warming cabinet	
Kenmore chest freezer/Ambient		4	Hot dog/Kenmore fridge	
Pre-cooked hamburger patty/from oven		177	Glass-front True fridge containing beverages	

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
3-501.16A	A new bag of the Gehl brand cheese was observed at 100F in the Gehl cheese dispenser. Per food employee, a new bag was placed in this dispenser at approximately 5:30 pm. Potentially hazardous foods (PHF's) must be reheated to 135F if taken from a sealed container prior to service AND then held at or above 135F. Previously opened bags of Gehl cheese that is refrigerated must be reheated to 165F prior to service.	6-21-16	J
3-501.17B	Bag of opened hot dogs and a box of The Pub brand pre-cooked hamburger patties were observed in the Kenmore refrigerator. The hot dog package appeared almost full whereas the hamburger box appeared with only about two-thirds full. Ready-to-eat (RTE) potentially hazardous foods that are refrigerated for more than 24 hours under 41F refrigeration must be labeled with a discard date. The discard date is for a period no longer than 7 days, (i.e. the date of the package opening or food preparation plus 6 additional days).		
7-201.11A	Glass-Plus, Pine Sol and other assorted cleaning compounds were observed stored on shelf above boxes of bag-in-the-box fountain beverage syrups. Toxic or poisonous materials must be stored so they cannot contaminate food, equipment, utensils, linens or single-use items. Please store toxic or poisonous items below or away from foods, etc.		
4-601.11A	Popcorn kernels and other debris was observed within the popcorn machine prior to cooking popcorn. Food-contact surfaces of equipment must be clean to the sight and touch. Please remove any portion that can be cleaned in the 3-vat sink and provide a clean-in-place process (CIP) to wash, rinse, sanitize and air dry in-place or at 3-vat sink.		

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
4-204.112 B	No indicating thermometer in the Kenmore refrigerator containing hot dogs and pre-cooked hamburger patties. Refrigeration units containing potentially hazardous foods (PHF's) must have a numerically scaled thermometers located within the warmest portion of the unit. (Corrected prior to leaving by placing a thermometer in the refrigerator).	COS	J
3-302.12	Generic spray bottle, containing pretzel water per food employee, was observed unlabeled. Working containers holding food or food ingredients that are removed from their original package for use in a food establishment must be labeled to identify the common name of the food.	6-21-16	J
3-304.14B	Wet wiping cloths observed in 3-vat sink and a red pail with liquid and a wiping cloth was observed within the pail. The red pail was tested with chlorine test strips and no evidence of chlorine was observed. Wet wiping cloths must be stored in a sanitizer solution (i.e. 50-100 ppm unscented chlorine or equal).	6-21-16	
6-301.14	No handwashing signage observed at the handwashing sink. A sign or poster that notifies food employees to wash their hands must be provided at all handwashing sinks. Food employee stated that refuse is stored in outside barrels. The barrels outside the food concession stand were observed without a tight-fitting lid. Please store refuse in covered containers equipped with tight-fitting lids that are non-absorbent and leakproof. (Corrected by placing handwashing signage on the paper towel dispenser prior to my departure).	COS	

EDUCATION PROVIDED OR COMMENTS

Note: All animal food observed served through this facility was pre-cooked.

Person in Charge/Title: 	Julianne Miller/Josh Thomas	Date: June 9, 2016
Inspector: 	Jon Peacock	Telephone No. (573)431-1947
	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 6-21-16



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ESTABLISHMENT NAME Farmington Sports Complex Concession Stand		ADDRESS 1100 Ste. Genevieve Ave.		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
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)
2-301.14 A-I	Food employees observed using single-use gloves and then conducting sales transactions and other activities and then handling foods. Gloves were observed being changed without handwashing occurring at the handwashing sink. Please be advised that single-use gloves are intended for one task and when the gloves could become contaminated the gloves must be changed and the employees hands and exposed portions of their arms washed for a minimum of 20 seconds at the handwashing sink. (COS by discussion with Mr. Josh Thomas)				COS
2-201.11E	Food employees were not aware of a policy regarding employee illness. Please develop a written policy that will 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. Also, the policy must describe when and under what conditions a food employee may be restricted, excluded and the procedures for reinstating a food employee. A copy of the US FDA Employee Health and Personal Hygiene Handbook should be consulted for review and development of an employee illness policy. This booklet may be reviewed on-line. The US FDA Employee Health and Personal Hygiene Handbook may be utilized as the employee illness policy. If so, please download a copy and provide a written statement acknowledging the use of this handbook.				6-21-16
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)

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Joshua Thomas* Julianne Miller/Josh Thomas Date: June 9, 2016

Inspector: *Jon Peacock* Jon Peacock Telephone No. (573)-431-1947 EPHS No. 880 Follow-up: Yes No Follow-up Date: 6-21-16