



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

| | |
|----------------------|---------------------|
| TIME IN 7:58 am | TIME OUT 9:56 am |
| DATE May 24, 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: Holiday Inn Express Breakfast Bar | | OWNER: Premiere Management | PERSON IN CHARGE: Becky Franklin | |
| ADDRESS: 820 Market Street | | ESTABLISHMENT NUMBER: 4618 | COUNTY: 187 | |
| CITY/ZIP: Farmington 63640 | | PHONE: (573)701-0505 | FAX: (573)701-0506 | 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 checked="" type="checkbox"/> Other Risk Factor _____ | | | | |
| 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 checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| Good Hygienic Practices | | | | | | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures | | <input checked="" type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | <input checked="" type="checkbox"/> |
| | | | | | Time as a public health control (procedures / records) | | |
| Preventing Contamination by Hands | | | | | | | |
| <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 | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Consumer advisory provided for raw or undercooked food | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | <input checked="" type="checkbox"/> | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Highly Susceptible Populations | | |
| Approved Source | | | | | | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Chemical | | |
| <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 | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Toxic substances properly identified, stored and used | | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 | Conformance with Approved Procedures | | |
| | | | | | 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 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 | | |
| 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 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 checked="" type="checkbox"/> | <input 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Fruits and vegetables washed before use | <input checked="" type="checkbox"/> | | <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>Becky Franklin</i> Becky Franklin | | Date: May 24, 2016 | |
| Inspector: <i>Rose Mier</i> Rose Mier | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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

| | | | | | | |
|--|--|------------------------------|---|-------------------------------|--|-----------------|
| ESTABLISHMENT NAME Holiday Inn Express Breakfast Bar | | ADDRESS 820 Market Street | | CITY /ZIP Farmington 63640 | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F | |
| Frigidaire freezer, ambient | | 9 | Frigidaire refrigerator: ambient, ham, sausage | | 33, 36, 35 | |
| Eggs, microwave (from raw) | | 209 | Cooked sausage, countertop in kitchen | | 60 | |
| Estate freezer | | 10 | Estate refrigerator: Ambient, eggs, milk | | 47, 43 | |
| Milk cooler, buffet bar: ambient, egg | | 32, 36 | True Refrigerator/freezer, snack area in entry, ambient | | 40/0 | |
| Gravy, microwave (reheat) | | 175 | Gravy, pork sausage, buffet bar | | 147, 136 | |
| 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 |
| 3-501.17B | Foods held in the Frigidaire refrigerator were labeled with a disposition date exceeding seven days (sausage, bacon), as well as food that lacked a date label (ham, turkey broth). Please label ready-to-eat, potentially hazardous food that is commercially prepared and opened, and held for more than 24 hours, with a 7-day discard date. Day one is the date of opening, plus an additional six days. Please label all applicable food correctly. CORRECTED ON SITE by relabeling with correct disposition date. | | | | COS | |
| 3-501.16A | Cooked sausage, stored on the counter-top, had an internal temperature of 60F. According to employee, the sausage is held on the counter because of the quantity that is needed to be placed on the food bar. Food shall be held at 41F or lower. Please remove smaller quantities of food and replace in refrigerator when temperature of the food rises above 45F. NOTE: this food will be used within four hours; any remaining food will be discarded at end of the breakfast period. COS by placing back in refrigerator. | | | | COS | |
| 3-501.16A | Eggs and milk held in the Estate refrigerator had temperatures of 47F and 43F, and the ambient temperature was 44F. The eggs and milk were commercially pasteurized and sealed. Food shall be held at 41F or lower. CORRECTED ON SITE by lowering thermostat. Final ambient temperature was 40F. | | | | COS | |
| 7-201.11A | Medicines, personal care items, and detergents were stored above food in the snack area in the entry to the hotel. Toxins shall be stored separately from or below food. NOTE: According to manager, these items cannot be placed below food because they would be within reach of children. CORRECTED ON SITE by placing items in containers to prevent drippage onto food should the containers leak or spill. | | | | COS | |
| 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 |
| 6-403.11B | An employee purse was stored in a box containing packages of food in a cabinet in the kitchen. Employee personal items shall be stored in a designated area where food, clean equipment and utensils, single-use items, and clean linens cannot be contaminated. CORRECTED ON SITE by moving purse. | | | | COS | |
| 4-302.14 | Test strips were not available to check the concentration of chlorine in sanitizer solutions. Please provide test strips at all times to ensure chlorine concentration is between 50 and 100 ppm. in sanitizer solutions. NOTE: this violation was noted on the June 2014 and June 2015 inspections. | | | | 5/30/16 | B7 |
| 5-205.11A | Upon arrival, the vat of the handwashing sink was filled with towels. Handwashing sinks shall be used only for handwashing and accessible at all times. CORRECTED ON SITE by moving towels and discussion with employee. | | | | COS | |
| 3-302.15A | Fruit is "polished" with a wet cloth before serving. Produce shall be washed in clear water before peeling, cooking, or serving whole. Please wash produce and air dry (if polished, use one cloth or paper towel for each piece of fruit). CORRECTED ON SITE by discussion of procedure with employee. | | | | COS | |
| EDUCATION PROVIDED OR COMMENTS | | | | | | |
| Person in Charge / Title: <i>Becky Franklin</i> Becky Franklin | | | | | Date: May 24, 2016 | |
| Inspector: <i>Rose Mier</i> Rose Mier | | | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |