



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

TIME IN 12:03 pm	TIME OUT 1:58 pm
DATE Nov. 8, 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: Imo's Pizza	OWNER: Karsch Road Pizza, Inc.	PERSON IN CHARGE: Tiffany Joyce
ADDRESS: 26 West Karsch Boulevard	ESTABLISHMENT NUMBER: 4719	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-9100	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 _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input 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		
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"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper cooling time and temperatures		
	Good Hygienic Practices						
<input checked="" 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> IN <input 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/A <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
	Preventing Contamination by Hands				Proper date marking and disposition		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> IN <input 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	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Consumer Advisory		
<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	Consumer advisory provided for raw or undercooked food		
	Approved Source				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Food additives: approved and properly used		
<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	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
	Protection from Contamination				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>		Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

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"/>	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				<input type="checkbox"/>	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"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	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 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 checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Tiffany Joyce</i>	Tiffany Joyce	Date: November 8, 2016
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947
	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: Nov. 22, 2016



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ESTABLISHMENT NAME Imo's Pizza		ADDRESS 26 West Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, customer beverage cooler		42	Meat cooler: ambient, pepperoni		40, 41
Salad prep cooler, bottom, ambient		40	Salad prep cooler, top: lettuce, egg, ham		40, 35, 35
Sausage pizza, oven		215	Sandwich prep cooler, bottom: pasta, tomatoes, beef, amb		38, 41, 40, 30
Steam hot hold: marinara, au jus		157, 189	Sandwich prep cooler, top: tomatoes, lettuce, ham		35, 35, 41
Ambient, freezer		5	Hot hold cabinet		160

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.			
NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Pizza prep cooler, top: pepperoni 39, cheese 37, raw hamburger 37, ham 39 Pizza prep cooler, bottom: ambient 40, cheese 41 2-door beverage cooler, ambient: 40 Master Bilt Cooler: ambient 32, ham 34, pepperoni 37 Walk-in cooler: ambient 40, marinara 39, provolone cheese 39		
4-601.11A	Accumulation of grease in the hood above the deep fryers. Please clean hoods at a frequency to prevent grease accumulation to protect food from drippage.	11/22/16	
3-302.11A	Raw chicken was stored above fully-cooked food in the Frigidaire freezer. Food shall be stored to prevent cross contamination. Please store all raw animal foods below all other foods. Store different types of raw animal foods separately or in the following vertical order: raw poultry and eggs on the bottom, then ground meats, then whole muscle meats, then fish and seafood. CORRECTED ON SITE by rearranging with raw chicken below all other foods.	COS	
7-201.11A	Single-use paper plates were stored with paint on the shelf by the cash register. Chemicals shall be stored separately or below single-use items. Please remove all unnecessary chemicals from facility, and store single-use items in an area where they cannot be contaminated from chemicals. CORRECTED ON SITE by moving plates; note that painting was still in progress in some areas of the facility.	COS	
4-501.114A	The chlorine concentration in the bottle of spray sanitizer was greater than 200 ppm. Chlorine shall be between 50 and 100 ppm in sanitizer solutions. Please use test strips to ensure chlorine is at correct concentration. CORRECTED ON SITE by remaking solution.	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.			
4-204.112A	A thermometer was not found in the bottom of the salad prep cooler. Cooling units shall have an accurate thermometer placed in an easy-to-read location in the warmest part of the cooler. Please install a thermometer.	11/22/16	
4-601.11C	Debris observed inside the metal container holding unwrapped, single-use forks on the top of the salad prep cooler. Utensils shall be protected from contamination while in storage. Please wash, rinse, sanitize container and cover when not in use.	↓	↓
4-601.11C	Accumulation of debris/grease observed on the outside surfaces of the container holding croutons, stored on the rack above the salad prep cooler. Please clean container as often as needed to keep clean.		
4-601.11B	The grills, rollers, and sprockets of the pizza oven had an accumulation of baked on debris. Please clean at a frequency to prevent baked-on accumulation of food and grease.		
4-601.11C	Accumulation of grease observed inside the cabinets and doors of the deep fryers. Please clean at a frequency to prevent grease build-up.		
4-601.11C	Accumulation of debris on the outsides and lid of the container holding french bread, stored below the steam hot hold unit. Please clean non-food contact surfaces as often as needed to keep clean.		
4-601.11C	Yellow substance, possibly mold, observed on the caulk at the back of the handwashing sink in the kitchen. Please clean and sanitize to reduce mold growth.		
4-204.112A	A thermometer was not found in the bottom of the pizza prep cooler. Please install a thermometer in a convenient-to-read location in this unit.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Tiffany Joyce		Date: November 8, 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: Nov. 22, 2016





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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)	Initial
4-101.11A	Cooked pasta is stored in two blue Lowe's 5-gallon buckets in the walk-in cooler. It is certain whether these containers are food grade. Food shall be stored only in food-grade safe packaging. Please determine if these containers are food-safe; if not, do not use to store food.	11/15/16	KJ
3-501.18A	A container of cooked chicken was labeled with a disposition date of 11/5/2016. Food that is past the disposition date shall be discarded. CORRECTED ON SITE by discarding chicken.	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
4-501.11B	The door seal on the Master Bilt refrigerator was torn loose. Equipment parts such as seals shall be maintained in good condition to ensure unit functions correctly. Please replace seal.	11/22/16	TJ
4-501.11A	The Master Bilt freezer was not functioning during this visit and was empty. Please have unit repaired or remove from facility.		
4-601.11C	Accumulation of debris observed on the outside surfaces of the Master Bilt refrigerator and freezer. Please clean as often as needed to keep clean.		
6-501.12A	Accumulation of debris on the floor in several areas: in corners, under equipment and shelves, around pipes, etc., especially in the back storage area. Please thoroughly clean floor.		
6-501.114A B	Accumulation of trash and unused equipment around the HVAC equipment, grease dumpster, and trash dumpster at the outside back of the building. Outside areas shall be free of unnecessary equipment and trash to reduce pest harborage conditions. Please remove unused equipment and clean outside back of building.		
4-302.14.	There were no test strips to check the concentration of chlorine in sanitizer solutions available upon request. Test strips shall be available at all times. Please supply test strips.		
6-301.11	There was no soap in the bathroom, the paper towels would not dispense, the handwashing sink was dirty, and the handwashing sign was not legible. Please supply soap at all times, repair or replace the towel dispenser, clean sink, and replace sign.		
6-301.12			
6-501.18			
6-301.14			

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