



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

TIME IN	11:12am	TIME OUT	2:25pm
DATE	4-21-15	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: Jack In The Box #4060		OWNER: Jack In The Box, Inc.		PERSON IN CHARGE: Corrie Canterberry	
ADDRESS: 795 Maple Valley Drive			ESTABLISHMENT NUMBER: 3474		COUNTY: 187
CITY/ZIP: Farmington, 63640		PHONE: 573-756-8010		FAX: na	
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 checked="" type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-16841 Exp: 8-31-15		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 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 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 checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A	Proper cold holding temperatures		
	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	Proper date marking and disposition		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Consumer Advisory		
	Approved Source				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Pasteurized foods used, prohibited foods not offered		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			Chemical		
<input type="checkbox"/> IN <input type="checkbox"/> OUT 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	Food additives: approved and properly used		
	Protection from Contamination				Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized				Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	<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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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		
	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		<input checked="" type="checkbox"/>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Corrie Canterberry</i> Corrie Canterberry			Date: April 21, 2015		
Inspector: <i>John Wiseman</i> John Wiseman		Telephone No. (573)431-1947		EPHS No. 1507	
			Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			Follow-up Date: 5-11-15		



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ESTABLISHMENT NAME Jack In The Box #4060		ADDRESS 795 Maple Valley Drive	CITY /ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Unit #1: cooler/freezer amb		40,26	Unit #6: cooler amb	
Unit #2: cooler/freezer amb		36,0	W/I cooler/freezer amb	
Unit #3: cooler amb		40	smoothie hopper, shake hopper	
Unit #4: freezer amb		20	Burger from grill	
Unit #5: cooler amb		36	hot held rice	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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4-601.11A	Food debris was observed on the upper interior surfaces of the Sharp microwave ovens in the kitchen. Food contact surfaces shall be clean to sight and touch. Please clean. COS by cleaning.	COS	CC
3-501.18	A container of diced tomatoes, a container of sliced turkey, and two trays of lettuce were observed within the walk-in cooler with expired dates of disposition. Ready to eat and potentially hazardous food shall be discarded if it exceeds the temperature and time combination specified in 3-501.17A. COS by voluntarily discarding.	COS	↓
4-601.11A	Label residue was observed on several pieces of plasticware stored on the clean equipment rack across from the three vat sink. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize equipment; removing label residue.	5-11-15	
4-202.11A	Several pieces of cracked and broken plasticware were observed stored on the clean equipment racks across from the three vat sink and the dishwasher. Multiuse food contact surfaces shall be smooth, and free of cracks, breaks, chips and similar imperfections. Please replace damaged equipment.		
4-702.11	Residual chlorine was not detected in the rinse cycle of the automatic dishwasher. Utensils and		
4-501.11A A	food-contact surfaces of equipment shall be sanitized before use and after cleaning. A mechanical ware washer using chlorine as a sanitizer shall have a residual chlorine concentration in the rinse/sanitation cycle at a concentration of 50 - 100 ppm. Please repair. Until repairs have been made the the unit, sanitize equipment in the three vat sink after washing and rinsing.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
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3-305.11A	Frozen chicken patties were observed uncovered within the Unit #1 freezer. Foods shall be protected from sources of contamination. Please cover. COS by covering.	COS	CC
3-305.11A	Frozen beef patties were observed uncovered within the Unit #2 freezer. Foods shall be protected from sources of contamination. Please cover. COS by covering.	COS	↓
6-501.11	A large accumulation of ice was observed on the wall and floor in the southwest corner of the walk-in freezer. Physical facilities shall be maintained in good repair. Please repair dripping cooling unit.	5-11-15	
4-501.14B	Debris was observed on the interior surfaces of the mechanical dishwasher doors. A ware washing machine shall be cleaned as often as necessary to keep clean. Please clean.		
6-501.16	Facility mops were observed stored atop buckets of dish machine detergent and sanitizer near the facility mop sink. After use, mops shall be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies. Please hang mops to air dry. COS by moving mops.		
6-202.15A	Daylight was observed at either side of the rear entry door and at the top of the south entry. Outer openings of a food establishment shall be protected against the entry of insects and rodents by providing solid, self-closing, tight-fitting doors. Please repair the gap.		
6-301.14	Hand wash signage was not observed in the mens and womens restrooms. COS by providing signage notifying food employees to wash their hands.	COS	

EDUCATION PROVIDED OR COMMENTS

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Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573)431-1947
EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 5-11-15



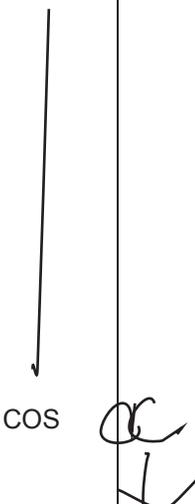
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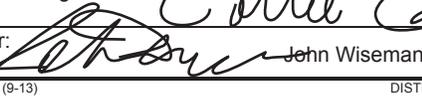
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
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4-601.11A	Mold was observed on the nozzle housing of the customer access soda fountain located in the dining room. Food contact surfaces shall be clean to sight and touch. Please clean.	5-11-15	
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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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5-202.15B	A plastic tray was observed placed below plumbing under the customer access soda fountain to intercept dripping water. A plumbing system shall be maintained in good repair. Please repair the water leak.	5-11-15	
6-501.12A	Debris was observed on the floor below the storage racks holding soda syrup across from the three vat sink. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		
6-501.12A	Debris was observed on the wall and tubing located between the three vat sink and the mechanical dishwasher. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		
6-501.12A	Debris and mold was observed on the floor below the facility ice maker. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean.		
4-302.14	Chlorine test strips were not available for determining residual chlorine concentration in the sanitation/rinse cycle of the mechanical dishwasher. A test kit or other device that accurately measures the concentration in mg/L of sanitizing solution shall be provided. Please obtain the appropriate sanitizer testing kit.		
5-501.113	The facility dumpster lid was observed to be open. Exterior trash receptacle shall be rodent resistant and leakproof. COS by closing lid.		

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 5-11-15