



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

TIME IN	10:59 am	TIME OUT	12:40 pm
DATE	Jan. 4, 2017	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: Jimmy Johns #1649	OWNER: Jeremy and Lindsey Detring, DBA Big Bad D, LLC	PERSON IN CHARGE: Lindsey Detring
ADDRESS: 1227 Maple Street	ESTABLISHMENT NUMBER: 4771	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-3278	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 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		
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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	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 checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" 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 type="checkbox"/> N/O <input checked="" 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			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input checked="" 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	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 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	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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 type="checkbox"/>	<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					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 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 type="checkbox"/>	<input checked="" 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 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>Lindsey Detring</i>	Lindsey Detring	Date:	January 4, 2017
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:	



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk-in freezer, ambient		5	Prep table 1, bottom: ambient, roast		35, 36
			Prep table 1, top: roast, turkey, ham, sprouts		41, 37, 39, 41
			Prep table 2, bottom: ambient, roast		33, 35
			Prep table 2, top: turkey, roast, sprouts, lettuce		36, 41, 38, 38
			Walk-in cooler: ambient, ham, turkey		40, 38, 39

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	Debris observed on the Nemco cutter stored on the rack of clean equipment. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, air dry, and inspect for cleanliness before storing. CORRECTED ON SITE by moving to 3-vat for cleaning	COS	<i>JD</i>
4-601.11A	Debris observed on the CT6 "mandolin cutter," stored on the rack of clean equipment. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, air dry, and inspect for cleanliness before storing. CORRECTED ON SITE by moving to 3-vat for cleaning	COS	<i>JD</i>
4-202.11A	The food-contact surfaces of three spatulas, hanging on the clean equipment rack, were torn and rough on the edges. Food contact surfaces shall be smooth and free of imperfections. Please dispose of spatulas. CORRECTED ON SITE by disposing spatulas	COS	<i>JD</i>
7-102.11	There were no labels on two spray bottles containing clear liquid, and one squeeze bottle containing blue liquid, stored on the equipment rack. Containers of chemicals shall be labeled with the common name of the contents. Please label all working containers of chemicals. COS	COS	<i>JD</i>
NOTE	Two containers holding cut lettuce were stored in the walk-in cooler and lacked a date of disposition. According to the owner, the lettuce is cut and used within 24 hours and therefore a disposition date label is not required. If lettuce is held more than 24 hours, please label with a 7-day disposition date.		
NOTE	Cut tomatoes in the top of the prep cooler had internal temperatures between 45 and 50F. According to owner, the tomatoes are not pre-cooled. Please ensure tomatoes reach 41F within four hours after cutting.		

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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NOTE	The handle of a bread knife, stored on the magnetic rack by the clean equipment rack, was taped and no longer able to be effectively cleaned. Equipment shall be maintained in good condition. Please dispose of knife. NOTE: according to manager, this knife is used to open boxes and is never used for food.		
3-307.11A	Employee food was stored above facility food in the walk-in cooler. Food shall be protected from contamination. Please store employee food in a designated area on the lowest shelf of the cooler. CORRECTED ON SITE by moving food to bottom shelf	COS	<i>JD</i>
4-903.11A	A purse was stored on top of a box of single-use items. Single-use items shall be protected from contamination. Please store personal belongings in a designated location where food, equipment, single-use items, and clean linens cannot be contaminated. CORRECTED ON SITE by moving purse to desk	COS	<i>JD</i>
4-302.12	There was no metal stemmed thermometer available to check the temperature of food. Please provide a thermometer reading from 0 to 220F in two degree increments and use to check the temperature of foods.	1/6/17	<i>JD</i>

EDUCATION PROVIDED OR COMMENTS

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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
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2-301.14I	Employee was observed talking on the phone, then putting on fresh gloves without washing his hands. Employees shall wash hands before putting on gloves. Please ensure all employees know when and how to wash hands correctly. CORRECTED ON SITE by discussion with owner	COS	JL
7-201.11B 7-102.11	A measuring container of yellow liquid was stored on the shelf above potato chips in the office area. The container was not labeled. According to the owner, the container held bleach. Chemicals shall not be stored above food, single use items, clean linens, or clean equipment, and working containers of chemicals shall be labeled with the common name of the contents. Please label container and store with chemicals. CORRECTED ON SITE by labeling container and storing with chemicals on bottom shelf.	COS	JL

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