



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

TIME IN	10:38 am	TIME OUT	1:28 pm
DATE	Jan. 15, 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: KFC	OWNER: Amplex Brands	PERSON IN CHARGE: Dakota Smith
ADDRESS: 627 Wal-Mart Drive	ESTABLISHMENT NUMBER: 0823	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-5765	FAX: (573)756-5765
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"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use	✓		<input checked="" type="checkbox"/> OUT <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				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<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 checked="" type="checkbox"/> OUT <input 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Dakota Smith</i>	Dakota Smith	Date:	January 15, 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:	Jan. 22, 2016



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ESTABLISHMENT NAME KFC		ADDRESS 627 Wal-Mart Drive	CITY/ZIP Farmington 63640
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Ambient, tall Henny Penny, hot hold		170	Ambient, hot hold, short Henny Penny
Chicken, hot hold		185, 162, 160	Pot Pie, hot hold
Fries, hot hold		175	Sliding 2-door hot hot cabinet
Gravy, hot hold steam table		147	Mashed potatoes/gravy, hot hold cabinet
Corn, hot hold steam table		152	Mashed potatoes, hot hold steam table

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Hot hold drawers: chicken strips 162; chicken 158 Henny Penny hot hold cabinet (tall): ambient 140; corn 161; green beans 163 Chicken, deep fryers: 188, 184, 186 Ambient, cooler 39; Ambient, cole slaw cooler 39 Slaw, prep table 41, 42 4-door Traulsen freezer, ambient 0 Beverage cooler, ambient 32 Walk-in cooler, ambient 40, green beans 43; mac and cheese 43; slaw 43 Walk-in freezer, ambient 0		
4-601.11A	Debris on food-contact surfaces and a build-up of baked-on debris around the rims of most of the flat pans stored on the rack by the Blodgett oven. Please ensure dishes are thoroughly cleaned before storing. Remove debris build-up, wash, rinse, and sanitize all affected food containers.	1/22/16	DS
7-204.11	The quaternary ammonia concentration in the sanitizer in the 3-var sink was greater than 400 ppm. The target concentration is 200 ppm, according to manufacturer's directions. Please adjust automatic mixer to provide a concentration of 200 ppm.	1/15/16	
4-601.11A	Accumulation of food splatters observed in the inside top of the Sharp microwave oven. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize a minimum of every four hours, more often as needed to keep clean.	1/15/16	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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4-204.112	A thermometer was not found in the beverage cooler. Please install an accurate thermometer reading from 0 to 220F in two degree increments in the warmest part of this cooler.	1/22/16	DS
4-601.11C	Debris observed on the bottom shelf of the Traulsen freezer. Please clean as often as needed to keep clean.		
6-501.12A	Debris observed on the floor under equipment in the walk-in cooler. Please clean as often as needed to keep clean.		
6-501.11	A broken tile observed in the walk-in cooler. Floors shall be tightly coved and flooring smooth and non-absorbent. Please repair and caulk to allow effective cleaning.		
6-501.12A	Debris observed on the floor of the walk-in freezer. Please clean as often as needed to keep clean.		
5-205.15B	A leak was observed beneath the 3-vat sink; water was pooling on the floor. Please keep floor dry and repair leak.		
4-501.11B	Water was observed dripping out of the bottom of the door of the Henny Penny steam hot-hold cabinet. Please keep floor dry and repair or replace unit.		
4-904.11A	Several boxes of various single-use items were observed on the floor in the storage room. Single-use items shall be stored a minimum of six inches off floor. Please store off floor.		
6-501.12A	Accumulation of debris observed under equipment in back half of store, especially near wall juncture. Please clean floors thoroughly.		
4-601.11C	Dried food debris observed on the housing and shaft of the floor mixer. Please clean all portions of the mixer after use.		

EDUCATION PROVIDED OR COMMENTS

This inspection was completed simultaneously with a Risk Factor study inspection. A copy of the FDA Employee Health and Hygiene Handbook was left with the manager.

Person in Charge /Title: <i>Dakota Smith</i> Dakota Smith	Date: January 15, 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: Jan. 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
4-601.11A	A box of lids for gravy containers was stored on the floor in the storeroom. The bottom of the box was observed wet, and liquid was pooled on the plastic covering the lids. Food contact surfaces shall be clean and protected from contamination. Please discard box of lids. CORRECTED ON SITE by discarding	COS	
4-202.11A	An ice scoop, stored on top of the ice maker, was cracked. Food contact surfaces shall be free of imperfections. Please dispose of scoop.	1/15/16	
4-601.11A	An ice scoop was observed on the floor by the ice machine. Please wash, rinse, sanitize ice scoop and store on a surface that is regularly cleaned and sanitized. CORRECTED ON SITE by placing in sink	COS	
3-501.14A	According to manager, leftover macaroni and cheese, and green beans are cooled at end of day by placing in shallow containers and placing in walk-in cooler. Time and temperature are not monitored. Please cool food as follows: place in shallow containers, loosely cover and vent; cool from 135F to 70F in two hours and from 70F to 41F in an additional four hours. If first benchmark is not met, reheat to 165 for 15 seconds, then begin process again. If second benchmark is not met, discard food. To facilitate cooling, place pans in ice water and stir food.	1/15/16	

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)	Initial
3-305.11A	A box of hot sauce was stored on the floor in the storeroom. Food shall be stored a minimum of six inches off floor. Please place food on shelf.	1/15/16	
7-201.11	Single-use items were stored sitting atop acoustical tile. Single use items shall be protected from contamination during storage. Please store tile below and separately from single-use items.	1/15/16	
4-904.11A	Unwrapped single-use buckets and straws that were not in a box were on the floor in the storage room. Please dispose of these items. CORRECTED ON SITE by discarding	COS	
6-501.12A	Accumulation of debris under equipment in the storage room. Please clean as often as needed to keep clean.	1/22/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Dakota Smith</i> Dakota Smith		Date: January 15, 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: Jan. 22, 2016