



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

TIME IN	6:59 am	TIME OUT	8:05 am
DATE	May 6, 2015	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: Krak N Jacks Bakery	OWNER: Marcus Clinton, DBA Krak N Jacks Bakery, LLC	PERSON IN CHARGE: Marcus Clinton
ADDRESS: 118 East Liberty Street	ESTABLISHMENT NUMBER: 4675	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-0005	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 _____		
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 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 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"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper cold holding temperatures		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper date marking and disposition		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No discharge from eyes, nose and mouth			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Hands clean and properly washed			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Food additives: approved and properly used		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/C</b> <input checked="" type="checkbox"/> <b>N/A</b>	Food received at proper temperature			<input type="checkbox"/> <b>IN</b> <input checked="" type="checkbox"/> <b>Q</b> <input type="checkbox"/> <b>T</b>	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Compliance with approved Specialized Process and HACCP plan		
	<b>Protection from Contamination</b>				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"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food separated and protected						
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b>	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		<input checked="" type="checkbox"/>
		<b>Food Temperature Control</b>				<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		<input checked="" type="checkbox"/>
<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<b>Food Identification</b>			<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 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>Marcus Clinton</i>	Marcus Clinton	Date: May 6, 2015
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:



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 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Krak N Jacks Bakery		ADDRESS 118 East Liberty Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, glass front beverage cooler		40	Ambient, Frigidaire chest freezer, front work room		0
			Ambient, Kenmore refrigerator/freezer, front work room		40/0

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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7-201.11A	A spray bottle of cleaner was stored next to single-use items on a shelf behind the donut display case. Chemicals shall be stored so single-use items, clean equipment, clean linens, or food cannot be contaminated. Please move cleaner to an area where these items cannot become contaminated. CORRECTED ON SITE by moving to a shelf holding cleaners	COS	
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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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
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4-903.11A	Boxes of single-use items were stored on the floor in the service area. Single-use items shall be stored at least six inches off the floor. Please elevate items to protect from mop water and possible flood, sewage, or leak water. CORRECTED ON SITE by placing boxes on crates.	COS	
4-603.11C	Mold growth was observed on the shelves of the True glass-front beverage cooler. Non-food contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please wash, rinse, and sanitize to reduce mold growth.		
6-501.18	Debris observed around the base of the faucet of the handwashing sink in the front work room. Plumbing fixtures shall be cleaned as often as necessary to keep clean. Please clean all surfaces of the sink. CORRECTED ON SITE by cleaning sink	COS	
4-101.11D	Raw wood and particle board was observed used for a shelf in the front work room. Equipment that needs frequent cleaning shall be sealed, smooth, and nonabsorbent. Please seal unfinished wood.		
4-903.11A	Ice cream cones were stored on the floor in the front work room. Please store food at least six inches off the floor. CORRECTED ON SITE by placing boxes on crate.	COS	
6-202.15A	Upon arrival, the front entry door was propped open. Outside entrances shall be sealed to protect from pest entry. CORRECTED ON SITE by closing door	COS	
4-302.14	Test strips to check the concentration of chlorine in sanitizer solutions was not available. Please supply test strips to ensure chlorine is between 50 and 100 ppm.		

EDUCATION PROVIDED OR COMMENTS			

Person in Charge /Title: <i>Mark Clinton</i>		Marcus Clinton	Date: May 6, 2015
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: