



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

TIME IN	8:01 am	TIME OUT	11:55am
DATE	9-16-2016	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: Menard's #3334		OWNER: Menard, Inc.		PERSON IN CHARGE: Chris Matz/Mike Brannock	
ADDRESS: 1280 Maple Street			ESTABLISHMENT NUMBER: 4801		COUNTY: St. Francois
CITY/ZIP: Farmington, MO 63640		PHONE: 573-756-0732		FAX: 573-756-0731	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		PURPOSE <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____			
FROZEN DESSERT <input 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 Date Sampled _____ <input type="checkbox"/> PRIVATE 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hands clean and properly washed			<input checked="" 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 checked="" 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"/> Q/C	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 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 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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge Title: 		Chris Matz/Mike Brannock		Date: September 16, 2016	
Inspector: 		Jon Peacock		Telephone No. (573)431-1947	EPHS No. 880
				Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Follow-up Date:	



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ESTABLISHMENT NAME Menard's #3334		ADDRESS 1280 Maple Street		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
True 3 dr. glass-front fridge/Aisle #49		36	True 3 dr. glass-front freezer/Aisle #49		0
Jack's Pizza chest freezer/Ambient		10	Jack's Pizza chest freezer/Ambient		20
Jack's Pizza chest freezer/Ambient		14	Nestle ice cream novelty freezer/Cash Register #6		0

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:	No potentially hazardous foods (PHF's) stored in the True 3 door glass-front refrigerator on aisle #49 during pre-opening inspection.		
7-201.11A	Assorted bags of snack chips, etc., were observed displayed on shelving near the guest services counter. On the opposite side of this shelving were displayed containers of liquid laundry detergents. Poisonous or toxic materials must be stored so they cannot contaminate food, equipment, utensils, and single use items. Some bags of snack chips were observed contacting the containers of laundry detergents. Please install a solid barrier between the foods and the laundry detergents to prevent potential contamination of the foods. (Will provide interim control for the snack chips by spacing this day. A permanent solution will be addressed by routine inspection)	9-16-16	<i>MS</i>
7-201.11B	Boxes of single-use food bags were observed stored beneath containers of hand sanitizer, liquid hand soap and deodorants on the display shelving by the guest services counter. Poisonous or toxic materials must be stored below are away from single-use items, food, equipment and utensils. Please relocate the single-use bags away from these items. (Corrected by rearranging shelving and by moving single-use bags-COS)	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.**

4-903.11A	A display of single-use food bags were observed stored on the floor at the end cap of aisle #99-101. Single use items must be stored at least 6 inches above floor surfaces.	9-16-16	<i>MS</i>
3-305.11A	A display of Shore Lunch brand soup mixes was observed on the floor at the end cap of aisle #83-85. Foods must be stored at least 6 inches above floor surfaces.	9-16-16	
5-202.12A	Men's and women's restrooms are not equipped with with a tight-fitting and self-closing door.	By routine inspection	
6-202.15A	Hot water was observed at 97F at the handwashing sink in the unisex/family restroom. Hot running water must be at least 100F at all handwashing sinks. (Note: Hot water 100F in men's restroom and 107F in women's restroom)		
6-202.15A	Daylight observed between the front entry doors/(at least 1"+ gap at bottom) by the guest services counter.		
6-202.15A	Daylight observed between the front entry doors (between and bottom-at least 1"+ gap at bottom) by cash register #10.		
6-202.15A	Daylight observed below door automatic doors into outdoor display area. ALL outer openings of a food establishment must be protected against the entry of insects and rodents by having tight-fitting self-closing doors.		

EDUCATION PROVIDED OR COMMENTS

Note: This establishment only sells pre-packaged food items that are shelf-stable, refrigerated or in frozen form.

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Inspector:	<i>Jon Peacock</i>	Jon Peacock	Telephone No.:	(573)431-1947
			EPHS No.:	880
			Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:	



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ESTABLISHMENT NAME Menard's #3334		ADDRESS 1280 Maple Street		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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.**

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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.**

3-305.11A	Frito Lays display by cash register #5 was observed with bagged snack chips displayed less than 6 inches above the floor surface. Food items must be stored in a clean, dry location where not exposed to splash, dust or other contamination and at least 6 inches above floor surfaces.	By routine inspection	
6-202.14	Men's and women's restrooms were observed lacking doors. Restrooms that open into a food establishment must be equipped with a tight-fitting and self-closing door. This item was listed in the plan review letter to Mr. Chad Stroh of Menards, Inc. dated April 6, 2016. This matter was discussed with Ms. Ann Winkler; MO DHSS. Since all foods are pre-packaged and the store is already built, the present arrangement of the restrooms may remain. However, if issues arise in the future, doors may be required to be installed.		
8-302.14I	A food establishment application was submitted to the St. Francois County Health Center (SFCHC) earlier this year. The application did not list the standard procedures for cleaning (i.e. non-food contact surfaces, floors walls, ceilings, etc. and food-contact surfaces (i.e. interiors of refrigerators/freezers, food shelving, etc.), verification of the monitoring of refrigeration/freezer temperatures and by whom. Please provide this information in writing to SFCHC.		
4-302.12	No observed metal stemmed food thermometer observed with any food employee in the grocery section. Please obtain 0-220F metal stemmed food thermometer(s) that are accurated/graduated every 2F for use in monitoring refrigeration/freezer temperatures of units containing PHF's.		

EDUCATION PROVIDED OR COMMENTS

Note: A copy of US FDA Employee Health and Personal Hygiene Handbook provided to Mr. Brannock during this visit.

Person in Charge (Signature):		Chris Matz/Mike Brannock		Date: September 16, 2016	
Inspector (Signature):	Jon Peacock	Telephone No. (573)-431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: