



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

TIME IN	10:17 am	TIME OUT	3:25 pm
DATE	10-21-2015	PAGE	1 of 4

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: Parkland Health Center*	OWNER: *DH-50 BJC Health Care	PERSON IN CHARGE: Tammy Crites
ADDRESS: 1101 W. Liberty St.	ESTABLISHMENT NUMBER:	COUNTY: St. Francois (187)
CITY/ZIP: Farmington, MO 63640	PHONE: (573) 756-6451	FAX: (573) 760-8391
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 type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input 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"/> 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				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 type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Tammy Crites</i> Tammy Crites	Date: October 21, 2015
Inspector: <i>Jon Peacock</i> Jon Peacock	Telephone No. (573) 431-1947
EPHS No. 880	Follow-up: Follow-up Date: 12-2-2015
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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ESTABLISHMENT NAME Parkland Health Center*		ADDRESS *DH-50 1101 W. Liberty St.	CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Herb Chicken (Service Line)		148	Milk Gravy (Service Line)	
Beef Fritter (Service Line)		147	Cooked Rice (Victory Heated Cabinet)	
Tomatoes & Beans (Heated Cabinet)		186	Corn on the Cob (Service Line)	
Victory Utraspec Fridge/Hot Cabinet		40/170	Pepsi Glass Front Beverage Fridges	
Vendo Glass Front Beverage Fridge		38	Federal Open Air Food Display Fridge	

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
5-203.14B	Hose on reel near dish room without any observed backflow prevention device. A plumbing system shall be installed to preclude the backflow of a solid, liquid or gas contaminant into the water supply system. Please install A.S.S.E. (American Society of Sanitary Engineering) rated backflow prevention device for this application.	12/2/15	[Handwritten signature]
5-203.14B	No backflow prevention device observed on the water line to the coffee machine in the tray line room. A plumbing system shall be installed to preclude the backflow of a solid, liquid or gas contaminant into the water supply system. Please install an A.S.S.E. rated backflow prevention device on the water line to this machine or provide a schematic of the machine showing an acceptable form of backflow prevention is built into this machine.. All backflow prevention devices must be installed in a visible location.		
4-601.11A	Tomato slicer located in the tray line room with observed dried food debris. Food-contact surfaces of equipment shall be clean to the sight and touch. Please wash, rinse, sanitize and air dry in dish machine or 3-vat sink. (COS by cleaning prior to leaving)	COS	
4-601.11A	Microwave located in the tray line room with observed dried food debris on the inside top cavity. Food-contact surfaces of equipment shall be clean to the sight and touch. Please wash, rinse, sanitize and air dry in dish machine or 3-vat sink. (COS by cleaning prior to leaving)	COS	

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
3-602.11B	Prepackaged "Out Takes Foods" observed lacking ingredient labeling. Foods packaged in a food establishment shall be labeled with the following: common name of the food or absent a common name, an adequately descriptive identity statement, if made from 2 or more ingredients, a list of ingredients in descending order of predominance by weight, including a declaration of artificial color or flavor and chemical preservatives, if contained in the food, an accurate declaration of the quantity of the contents, the name and place of business of the manufacturer, packer or distributor and the name of the food source for each major allergen contained in the food unless the food source is already part of the common name.	12/2/15	[Handwritten signature]
4-502.11C	The water pressure gauge on the Hobart dish machine was observed with the water rinse pressure at 30 psi or higher. Hot water sanitizing dish machines must operate according to the manufacturer's data plate and be in the range of 15-25 psi.		
6-202.14	Employee restroom door was observed lacking a self-closing device. The restroom shall be provided with a tight-fitting and self-closing door.		

EDUCATION PROVIDED OR COMMENTS

Note: Quat. sanitizers observed in pails from 200-400 ppm.

Person in Charge / Title: [Signature] Tammy Crites		Date: October 21, 2015	
Inspector: [Signature] Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 12-2-2015



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Coke/Habco Glass-Front Display Fridge		36	Ice Cream Novelty Freezer	
Stuffed Baked Potato Soup		177	Salad Mixture on Salad Bar	
Spinach leaves on Salad Bar		44	Egg Pieces on Salad Bar	
Potato Salad on Salad Bar		39	Shredded Cheese on Salad Bar	
Walk-in cooler/freezer		36/16	Beef fritter (Taken from Deep Fryer)	
			183	

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3-501.16A	Salad mixture 46F, spinach leaves 44F and shredded cheese 44F on salad bar. Potentially hazardous foods (PHF's) must be held at 41F or lower or be maintained by "Time As A Public Health Control per 3-501.19"	12/2/15	<i>JC</i>
5-203.14B	Curtiss tea, coffee and cappuccino machines located in the cafe were observed with water connections but not observed with installed backflow prevention devices on the water lines to each respective machine. A plumbing system shall be installed to preclude the backflow of a solid, liquid or gas contaminant into the water supply system. Please install an A.S.S.E. rated backflow prevention devices on the water lines to these machines or provide a schematic of the machines to show an acceptable form of backflow prevention is built into each machine. If backflow prevention devices are to be installed, please position in a visible location.		
3-306.11	Containers of croutons and sunflower seeds were observed for self-service on a shelf near the salad bar. No protection from cough or sneeze was observed. Food on display shall be protected from contamination by use of packaging, counter, service line or salad bar guards/shields.		
4-501.112 A	Hobart dish machine was observed with an initial thermo-label (160F) thermo-label darkening but other thermo-labels(3 others) not darkening fully. The dish machine must operate according the manufacturer's data plate and sanitize all equipment and utensils at 180F.		

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Hobart Dish Machine Thermo-Labels on File Copy of Inspection Report.

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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Traulsen 2 door Fridge/Freezer	41/10	True Fridge (Tray Line Room)	36
Victory Ultraspec fridge (Tray Line Rm)	37	True Fridge/Freezer (Tray Line Room)	41/20
Victory Fridge (Tray Line Room)	34	Herb Seasoned Chicken Sauce (Hot Cabinet)	170



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5-402.11A	Three-compartment sink drain and the dish preparatory sink drain observed with direct connection. A direct connection may not exist between the sewage system and a drain originating from equipment in which food, portable equipment, or utensils are placed. Please evaluate the present drain configurations to determine if an indirect connection can be installed. If so, please install an indirect connection and in a manner to prevent the intrusion of sewer gas into the building or allow the backup of wastewater into the building. If either of these issues would likely occur, please provide a written statement to the St. Francois County Health Center addressing these concerns.	12/2/15	
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