



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

TIME IN	11:25 am	TIME OUT	2:07 pm
DATE	Sept. 1, 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: Pizza Hut	OWNER: Donald L. Morin	PERSON IN CHARGE: Jarrod Gordon
ADDRESS: 221 Karsch Blvd.	ESTABLISHMENT NUMBER: 0838	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-1503	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 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 N/O 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 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT 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 N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT 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 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				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT <input 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						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				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 checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT 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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input checked="" type="checkbox"/>
		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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	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>Jarrod M</i> Jarrod Gordon	Date: September 1, 2015
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: Sept. 2, 2015



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

ESTABLISHMENT NAME Pizza Hut		ADDRESS 221 Karsch Blvd.		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Delfield cooler, Wings area		30	Sandwich prep cooler, bottom, ambient		41
Meatsauce, sandwich prep cooler		41	Meatballs, sandwich prep cooler		41
Cooked noodles, sandwich prep cooler		42	Canadian bacon, sandwich prep cooler		41
Salsa, pizza prep table		42	Sausage, pizza prep table		41
Pepperoni, pizza prep table		25	Ham, pizza prep table		42

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
4-601.11A	Dried food debris observed on the inside, and a coating of grease on the outside surfaces and side of door, were observed on the microwave above the pizza prep table. Food contact surfaces shall be clean to sight and touch. Please clean outside surfaces as often as needed to keep clean, and wash, rinse, and sanitize inside surfaces a minimum of every four hours, more often if needed to keep clean.	9/2/15	JG
4-601.11A	Accumulation of dust observed on the grates of the vents in the hood above the pizza oven. Please clean as often as needed to keep clean and prevent contamination from drippage onto food and pizza oven.		
4-601.11A	Mold growth observed in several areas inside the ice maker. Food contact surfaces shall be clean to sight and touch. Please remove ice, wash, rinse, sanitize, and air dry before returning to service. NOTE: this machine is non functional; a replacement has been ordered.		
4-601.11A	Accumulation of debris observed on the inside and outside surfaces of the ice bucket stored by the ice machine. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize ice bucket daily.		
4-702.11	There was no chlorine detected in the sanitizing cycle of the mechanical dish washer. Equipment and utensils shall be sanitized after use. Please repair and use test strips several times daily to ensure the chlorine concentration is 50 to 100 ppm. Sanitize all equipment and utensils in the 3-vat sink after cleaning. Temporarily corrected on site by using the 3-vat sink for cleaning and sanitizing. The leasing company was contacted to service the machine.		

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
4-204.112 A	A thermometer was not found in the Delfield cooler in the Wings prep area. Thermometers shall be located in a convenient-to-read location in the warmest part of coolers. Please install an accurate thermometer that reads from 0 to 220F in two degree increments.	9/2/15	JG
4-601.11C	Accumulation of debris observed on the outside surfaces of the ice maker. Please clean as often as needed to keep clean.		
6-501.12A	Accumulation of debris observed on the floor beneath and around the ice maker. Please clean physical facilities as often as needed to keep clean.		
4-204.112 A	A thermometer was not found in the bottom of the McCall sandwich prep cooler. Please install an accurate thermometer in an easy-to-read location.		
4-501.14C	Accumulation of debris observed on the inside and outside surfaces of the mechanical dishwasher machine. Dish machines shall be cleaned at least daily, more often if needed to keep clean. Please clean.		
4-901.11A	Several stacks of assorted dishes (pans, trays) stored on the rack by the 3-vat sink were wet nested. Equipment and utensils shall be air dried. Please allow complete air drying before storing nested.		
6-501.12A	Food splatters observed on the pipes beneath and beside the 3-vat sink and adjacent hand-washing sink. Please clean physical facilities as often as needed to keep clean.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>JM / RBM</i>	Jarrod Gordon	Date: September 1, 2015
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: Sept. 2, 2015



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

ESTABLISHMENT NAME Pizza Hut		ADDRESS 221 Karsch Blvd.	CITY / ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Cut tomatoes, pizza prep table	47	Meatballs, pizza prep table	49
Ambient, pizza prep table, bottom	50 (left), 45 (rt)	Ambient, walk-in dough cooler	39
Ambient, walk-in cooler	32	Ambient, walk-in freezer	0
Marinara sauce, hot hold	136		

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
----------------	--	-------------------	---------

4-601.11A	Two metal pans and one plate stored on the rack by the 3-vat sink were observed with food debris on their food contact surfaces. Please inspect dishes after cleaning. CORRECTED ON SITE by placing dishes in 3-vat for wash, rinse, sanitize.	COS	JG
3-501.16A	The pizza prep table had an ambient temperature ranging from 50F on the left side to 45F on the right side. Food held in the left side ranged in internal temperature from 42 to 50F. Potentially hazardous food shall be held at 41F or lower. According to owner, all foods in this cooler were placed in it from the walk-in cooler at approximately 10:00 am. The manager contacted a repair technician to service this unit today. Please place all potentially hazardous food that is held in this cooler into a functioning cooler. Do not store potentially hazardous food in this unit until it reliably holds food at an internal temperature of 41F or lower. NOTE: a repairman serviced this unit during this inspection. However, the ambient temperature remained above 41F. All food was removed from this unit and placed into the walk-in dough cooler at approximately 1:30 pm.	9/2/15	JG
4-601.11A	One plate on the buffet bar was observed with food debris on its food contact surface. Please inspect equipment after cleaning and rewash, rinse, and sanitize if needed. CORRECTED ON SITE by placing plate in 3-vat sink.	COS	JG

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
----------------	---	-------------------	---------

6-501.14A	Accumulation of dust observed on the portable fan stored across from the 3-vat sink. Ventilation systems shall be clean to prevent contamination from dust. Please clean grates and blades of fan as often as needed to keep clean.	9/2/15	JG
6-501.12A	Food splatters observed on the walls and ceiling of the walk-in cooler. Please clean as often as needed to keep clean.		JG
4-601.11C	Accumulation of debris observed on the green mobile rack stored inside the proofer. Please clean as often as needed to keep clean.		JG
3-305.11A	A bag of ice was stored on the floor of the walk-in freezer. Food shall be stored a minimum of six inches off the floor. Please place ice on shelf.		JG
4-204.112 A	A thermometer was not found inside the walk-in dough cooler. Please place a thermometer in a convenient-to-read location in the warmest part of this cooler.		JG
4-203.12B	The thermometer on the outside of the walk-in freezer was not accurate, reading 15F when the measured ambient temperature was 0F. Thermometers shall be accurate to within +/- 3 degrees Fahrenheit. Please install an accurate thermometer inside the freezer.		JG
4-501.11A	One hot hold transport bag was torn with the insulation exposed and no longer able to be effectively cleaned. Please dispose of bag. CORRECTED ON SITE by disposing of bag.		JG
6-501.14A	The grate over the mechanical vent/light in the men's bathroom had an accumulation of dust. Please clean as often as needed to keep clean.		JG

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>DW JG RGM</i> Jarrod Gordon	Date: September 1, 2015
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: Sept. 2, 2015



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

ESTABLISHMENT NAME Pizza Hut		ADDRESS 221 Karsch Blvd.		CITY /ZIP Farmington 63640		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Code Reference	<b>PRIORITY ITEMS</b> 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
NOTE	A follow-up date for September 2 was scheduled to check the pizza prep cooler and the sanitizer in the mechanical dish machine. This date is tentative, dependent on whether these two items have been corrected. A second follow-up date will be scheduled for all items not corrected by September 2.					
Code Reference	<b>CORE ITEMS</b> 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
6-501.11	Ceiling and wall damage was observed in the southeast corner of dining room, possibly from a leak. Please ensure there are no leaks, then repair ceiling and wall.				9/2/15	JG
6-202.15A	Holes were observed in the bottom of the exterior wood siding of the building. Please seal to reduce pest entry points. Also, seal around any holes where utilities enter the building.					
6-202.15A	Daylight was observed at the bottom, left side of the rear entry door. Please seal to reduce pest entry points.					
6-501.14A	Accumulation of dust observed on the grate over the air intake in the ceiling of the dining room. Ventilation systems shall be kept clean. Please clean as often as needed to keep clean. Also please reattach grate to ceiling.					
6-501.12A	Accumulation of debris observed on the floor beneath the soda dispenser. Please clean physical facilities as often as needed to keep clean.					
5-203.15	A service sink (mop sink) was not observed on the premises. At least one service sink or curbed cleaning facility equipped with hot and cold running water and a floor drain shall be provided and conveniently located for the cleaning of mops and for disposal of cleaning waste water. Please install a service sink for facility use. NOTE: according to manager, an area was measured for a mop sink after the routine inspection in December 2014. Mop water is being disposed of in the toilet.					
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title:		Jarrod Gordon		Date: September 1, 2015		
Inspector:	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Sept. 2, 2015		