



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

|         |         |          |         |
|---------|---------|----------|---------|
| TIME IN | 10:10am | TIME OUT | 11:45am |
| DATE    | 3-15-16 | 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:<br>Rally's   |  | OWNER:<br>Ray & Sherri Johnson   |                               | PERSON IN CHARGE:<br>Sherri Johnson   |                |
| ADDRESS:<br>605 N. Washington  |  |  | ESTABLISHMENT NUMBER:<br>4633 |   | COUNTY:<br>187 |
| CITY/ZIP:<br>Farmington, 63640   |  | PHONE:<br>573-701-0150   |                               | FAX:<br>573-756-8901  |                |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ |  |  |                               |   |                |
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. 187-17613, exp 7-31-16           |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |                               | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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   |     |   |
|   | <b>Employee Health</b>  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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 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 N/A  | Proper hot holding temperatures  |     |   |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> OUT <input 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 N/O 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 N/O N/A   | Time as a public health control (procedures / records)   |     |   |
|   | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>   |     |   |
| <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 |     |   |   | <b>Highly Susceptible Populations</b>  |     |   |
| <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   |     |   |
|   | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>  |     |   |
| <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  |     |   |   | <b>Conformance with Approved Procedures</b>  |     |   |
| <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  |     |   |
|   | <b>Protection from Contamination</b>  |     |   |   | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance    OUT = not in compliance<br>N/A = not applicable    N/O = not observed<br>COS=Corrected On Site    R=Repeat Item |     |   |
| <input checked="" type="checkbox"/> OUT N/A   | Food separated and protected  |     |   |   |  |     |   |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/A   | Food-contact surfaces cleaned & sanitized   |     |   |   |  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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                       |     |                                     |
|                                     |                                     | <b>Food Temperature Control</b>   |     |   | <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   |     |   |                                     |                                     | <b>Utensils, Equipment and Vending</b>  |     |                                     |
| <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 |     |                                     |
|                                     |                                     | <b>Food Identification</b>  |     |   | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean  |     |                                     |
|                                     |                                     | <b>Prevention of Food Contamination</b>   |     |   |                                     |                                     | <b>Physical Facilities</b>  |     |                                     |
| <input type="checkbox"/>            | <input checked="" 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 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:<br>Sherri Johnson                                    |              | Date:<br>March 15, 2016        |                  |
| Inspector:<br>   | John Wiseman | Telephone No.<br>(573)431-1947 | EPHS No.<br>1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |              | Follow-up Date: 3-29-16        |                  |



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|--|--------------|------------------------------|--------------------------------|
| ESTABLISHMENT NAME<br>Rally's          |              | ADDRESS<br>605 N. Washington | CITY /ZIP<br>Farmington, 63640 |
| FOOD PRODUCT/LOCATION                  | TEMP. in ° F | FOOD PRODUCT/ LOCATION       | TEMP. in ° F                   |
| Soft serve: vanilla/chocolate          | 36,38        | Walk-in cooler/freezer       | 38,0                           |
| Hot hold: cheese, chili, mush sauce    | 179,175,178  | Burger from grill            | 167                            |
| Cold hold (TPHC):cheese,lettuce,tomato | 45,41,42     | Chicken patty from fryer     | 198                            |
| Prep cooler/Meat freezer               | 30,10        |                              |                                |
| Fry freezer, grill freezer             | 10,8         |                              |                                |

| Code Reference | PRIORITY ITEMS<br>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 |
|----------------|---|-------------------|---------|
| 5-203.14A      | Hoses from the facility on-demand hot water heater were observed to be hanging below the drip edge of the facility mop sink into which they discharge. A plumbing system shall be installed to preclude the back flow of materials into the water supply system. COS by cutting hoses off one inch above the drip edge of the sink. | COS               | SJ      |
| 4-601.11A      | An accumulation of food residue was observed on the underside of the PHU above cold-held foods. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize this area daily.  | 3-18-16           |         |

| Code Reference | CORE ITEMS<br>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 |
|----------------|---|-------------------|---------|
| 4-601.11C      | A build-up of food residue was observed on the PHU. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean this surface as often as necessary to keep clean.  | 3-29-16           | SJ      |
| 4-601.11C      | An accumulation of food residue was observed in the door seals of the prep cooler located below the PHU area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the door seals as needed.  |                   |         |
| 4-501.11B      | The north-side door the the prep cooler located below the PHU area was observed to be damaged. Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. Please repair the door such that is fully seals the cooling compartment. |                   |         |
| 4-601.11C      | Food debris was observed in the corners of the bun storage area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean this area as needed.  |                   |         |
| 4-501.11B      | The door seal of the meat freezer was observed to be broken. Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. Please replace the door seal.  |                   |         |
|                |   |                   |         |

EDUCATION PROVIDED OR COMMENTS

|                          |                |                 |   |
|--------------------------|----------------|-----------------|---|
| Person in Charge /Title: | Sherri Johnson | Date:           | March 15, 2016  |
| Inspector:               | John Wiseman   | Telephone No.   | (573)431-1947   |
|                          |                | EPHS No.        | 1507  |
|                          |                | Follow-up:      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                | Follow-up Date: | 3-29-16   |



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|-------------------------------|------------------------------|--------------------------------|
| ESTABLISHMENT NAME<br>Rally's | ADDRESS<br>605 N. Washington | CITY /ZIP<br>Farmington, 63640 |
|-------------------------------|------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |

| Code Reference | PRIORITY ITEMS<br>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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|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

|                |   |         |    |
|----------------|---|---------|----|
| 6-202.15A<br>3 | Daylight was observed at the top of the entry door. The outer openings of a food establishment shall be protected against the entry of insects and pests. Please seal the gap at this location.                           | 3-29-16 | SJ |
| 5-205.15B      | The faucet at the three compartment sink was observed to be leaking. A plumbing system shall be maintained in good repair. Please repair the leak.  |         |    |
| 3-305.11A<br>2 | An accumulation of ice was observed dripping from the cooling unit in the walk-in freezer. Foods shall be protected from sources of contamination. Please place a tray below the drip to protect foods.                   |         |    |
| 3-305.11A<br>2 | An accumulation of dust was observed on the fan covers of the cooling unit in the walk-in freezer. Foods shall be protected from sources of contamination. Please clean the fan covers in the freezer.                    |         |    |
| 5-501.17       | The trash can in the facility rest room was not equipped with a lid. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. Please provide a covered trash can in the rest room. |         |    |

EDUCATION PROVIDED OR COMMENTS

|                              |                |  |
|------------------------------|----------------|--|
| Person in Charge /Title:<br> | Sherri Johnson | Date: March 15, 2016   |
| Inspector:<br>               | John Wiseman   | Telephone No. (573)-431-1947   |
|                              | EPHS No. 1507  | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                              |                | Follow-up Date: 3-29-16  |