



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

TIME IN	1:46 PM	TIME OUT	3:55 pm
DATE	Sept. 9, 2016	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: Rhodes 101 Convenience Store #7600485	OWNER: Pajco, Inc.	PERSON IN CHARGE: Brandon Hughes
ADDRESS: 303 West Karsch Boulevard	ESTABLISHMENT NUMBER: 0197	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)760-0485	FAX: (573)760-0485
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 checked="" 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"/> 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"/> 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 reheating procedures for hot holding		
<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 cooling time and temperatures		
	Good Hygienic Practices						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<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	Proper cold holding temperatures		
	Preventing Contamination by Hands						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<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				Time as a public health control (procedures / records)		
<input type="checkbox"/> IN <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	Consumer Advisory		
	Approved Source				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<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"/> OUT	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Chemical		
<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	Food additives: approved and properly used		
	Protection from Contamination				Toxic substances properly identified, stored and used	✓	
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	✓			Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				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		

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 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		
		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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>Brandon Hughes</i>	Brandon Hughes	Date: September 9, 2016
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. 29, 2016



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

ESTABLISHMENT NAME Rhodes 101 Convenience Store #7600485		ADDRESS 303 West Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, reach-in sandwich cooler		29			
Cream, dispenser		42			
Ambient, walk-in beverage cooler		36			
Ambient, walk-in milk cooler		37			
Ambient, chest ice cream freezer		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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
6-501.111	Mouse feces and other debris observed in the cabinet holding the trash can near the customer-use microwave. Facility shall be kept clean and free of pests. Please clean cabinet and begin an approved method of pest control for rodents; monitor facility for evidence of pests to ensure pest control methods are effective.	9/23/16	[Handwritten initials]
4-601.11A	Food splatters observed inside the customer-use microwave. Food contact surfaces shall be kept clean. Please wash, rinse, and sanitize microwave a minimum of every four hours while in continual use, more often if needed to keep clean. CORRECTED ON SITE by cleaning and sanitizing microwave.	COS	
3-304.12C	In-use utensils for the tea was stored in a pitcher inside the cabinet below the tea brewer. An accumulation of dried liquid tea was observed on the utensils and in the pitcher. Food contact surfaces shall be clean to sight and touch, and in-use utensils shall be stored on a surface (or container) that is washed, rinsed, and sanitized. Please wash, rinse and sanitize the in-use tea utensils and holder at least once every four hours. CORRECTED ON SITE by cleaning and sanitizing utensils and pitcher	COS	
3-501.17B	The cream, stored in the customer self-service Cream Machine dispenser, was not labeled with the date of disposition. Potentially hazardous food that is commercially prepared, opened, and held for more than 24 hours shall be labeled with a 7-day disposition date, which is the date of opening plus an additional six days. Please label the cream when placed in the dispenser.	9/23/16	

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
6-501.14A	Accumulation of debris observed on the vents in the ceiling of the women's and men's bathroom. Ventilation systems shall not be a source of contamination. Please clean as often as needed to keep clean.	9/29/16	[Handwritten initials]
6-501.11	A leak from the ceiling was observed in front of the customer counter holding the microwave. A cup was used to catch the drips. There was no food being affected by the leak. According to the manager, the roof leak has been called in for repair. Facility shall be maintained in good condition. Please repair roof to prevent leaks.		
6-501.112	Accumulation of dead insects, mouse feces and debris observed in many of the cabinets and "cubby holes" below the customer self-service counters. Please remove dead insects from the holders and cabinets and clean as often as needed to keep clean.		
4-601.11C	Equipment that was no longer in use (Gehl's nacho dispenser, tea holder), stored on the customer self-serve counter, were observed dirty. Non-food contact surfaces shall be cleaned at a frequency to prevent debris accumulation. CORRECTED ON SITE by cleaning		
3-304.12B	A measuring cup was stored inside the bulk container of sugar beneath the tea brewers. The cup's handle was broken. In-use utensils shall have a handle with the handle stored above the surface of the non-potentially hazardous food. Please dispose of broken cup. CORRECTED ON SITE by disposing cup		
4-601.11C	Accumulation of debris observed on the tub holding sugar, stored in the cabinet below the tea brewers. Please clean all surfaces of container as often as needed to keep clean.		
3-304.14B	Wet towels were observed on the counter near the sink. Wet cloths shall be stored in sanitizer between uses. Please prepare sanitizer solution, label container, and store wiping cloths in sanitizer between uses.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Brandon Hughes</i>	Brandon Hughes	Date: September 9, 2016
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. 29, 2016



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

ESTABLISHMENT NAME Rhodes 101 Convenience Store #7600485	ADDRESS 303 West Karsch Boulevard	CITY /ZIP Farmington 63640
---	--------------------------------------	-------------------------------

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

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

7-201.11B	Chemicals were stored on the shelf above the 3-vat sink. Chemicals shall not be stored above clean equipment. Please store chemicals in a location where food, clean equipment, single-use items, or clean linens cannot be contaminated. CORRECTED ON SITE by moving chemicals to shelves where these items were protected.	COS	RH ↓
5-203.14A	Water was splashing above the rim of the receiving drain when the water softener waste water is discharged, resulting in water pooled on the floor. There was not sufficient air gap provided between the end of the discharge hose and the receiving drain. Please adjust the discharge hose so the water does not splash over rim, while providing an air gap between the end of the hose and the rim of the receiving drain that is at least two times the diameter of the hose, but no less than 1".	9/14/16	

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

4-601.11C	Debris accumulation observed inside several containers stored in the cabinets below the customer self-service counter. Please clean containers as often as needed to keep clean.	9/29/16	RH ↓
4-101.19	Some of the floors in the cabinets below the customer self-service counter were badly damaged and no longer cleanable. Surfaces requiring frequent cleaning shall be smooth and nonabsorbent. Please repair to make the surfaces cleanable.		
6-501.18	The sink in the customer self-service area was stained and dirty around the ledges, faucet, handles, and vat. Please clean all areas around the sink.		
6-301.14	The sink in the customer self-service area was not labeled as a handwashing sink. A soap dispenser and paper towels were provided at the sink, but no signage. If this sink is to be used as a handwashing sink, please install a sign indicating it is a handwashing sink that is to be used only for handwashing. If it is to be used for purposes other than handwashing, please remove soap dispenser.		
3-302.11A	Accumulation of frost observed touching packages of novelty ice cream in the chest ice cream freezer. Food shall be protected from contamination from frost. Please defrost as often as needed to protect food.		
4-601.11A	Accumulation of debris observed on the white trays holding the 1 pt. milk products in the walk-in cooler. Please clean trays as often as needed to keep clean.		
6-301.14 6-301.11	The handwashing sink by the 3-vat sink did not have soap available, and a sign was not posted to remind workers of the importance of washing hands. CORRECTED ON SITE by installing soap and sign.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title Brandon Hughes	Date: September 9, 2016
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. 29, 2016



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

ESTABLISHMENT NAME Rhodes 101 Convenience Store #7600485	ADDRESS 303 West Karsch Boulevard	CITY / ZIP Farmington 63640
---	--------------------------------------	--------------------------------

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

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

--	--	--	--

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

6-501.12A	Soda spills beneath bag-in-boxes and debris observed beneath shelves in the storage room. Physical facilities shall be maintained clean. Please clean under and around equipment as often as needed to keep clean.	9/29/16 ↓	BH ↓
5-501.115	Trash was observed inside the enclosure holding the outside trash dumpster. Enclosures shall be kept clean to reduce pest harborage. Please clean trash from enclosure.		
5-501.113B	The lids to the outside trash dumpster were open and broken. Lids shall be tight-fitting and kept closed. Please have trash company replace lids or dumpster, and keep lids closed.		
6-501.11	Tiles were missing or coming loose in several areas on the outside perimeter of the building. Physical facility shall be maintained in good repair. Please replace/repair tiles.		
6-501.11	Several ceiling tiles were observed stained in the retail area. Please replace or paint stained tiles.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Brandon Hughes</i> Brandon Hughes	Date: September 9, 2016
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. 29, 2016