



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

| | | | |
|---------|--------|----------|--------|
| TIME IN | 8:11am | TIME OUT | 9:45am |
| DATE | 6-2-15 | 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: Rhodes 101 Convenience Store | | OWNER: Pajco, Inc. | PERSON IN CHARGE: Lisa Lee | |
| ADDRESS: 303 West Karsch Blvd. | | ESTABLISHMENT NUMBER: 0197 | COUNTY: 187 | |
| CITY/ZIP: Farmington, 63640 | | PHONE: 573-760-0485 | FAX: 573-760-0485 | P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| 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 | | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | | | |
| 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 type="checkbox"/> COMMUNITY <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NO | No discharge from eyes, nose and mouth | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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"/> NO | 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"/> NO | 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"/> NO <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 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"/> NO <input type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> IN <input 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"/> NO <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 NO = 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food properly labeled; original container | | | <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | | | |
|--------------------------|--------------|-----------------------------|---------------|--|--|
| Person in Charge /Title: | | Lisa Lee | | Date: June 2, 2015 | |
| 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: 6-16-15 | |



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

| | | | | | | |
|--|---|----------------------------------|---|--------------------------------|-------------------|---------|
| ESTABLISHMENT NAME Rhodes 101 Convenience Store | | ADDRESS 303 West Karsch Blvd. | | CITY /ZIP Farmington, 63640 | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F | |
| Nacho cheese | | 148 | Walk-in cooler | | 38 | |
| Convenience foods cooler | | 36 | | | | |
| North Star icecream freezer | | 0 | | | | |
| Creamer from dispenser | | 41 | | | | |
| glass front Pepsi cooler | | 35 | | | | |
| 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 |
| 4-601.11A | Clean utensils were stored in a dirty pitcher below the hand wash cabinets. Food contact surfaces shall be clean to sight and touch. Please clean the pitcher. COS by cleaning pitcher. | | | | 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 |
| 4-903.11A 2 | Sleeves of foam cups stored below the customer access fountain drink station were observed with syrup drippage on them. Single service items shall be stored where they are not exposed to splash, dust or contamination. Please relocated single service items away from sources of contamination. | | | | 6-16-15 | |
| 5-205.15B | A plumbing/sewage leak was observed below the customer access hand wash sink at the customer beverage station. A plumbing system shall be maintained in good repair. Please repair the leak. | | | | | |
| 3-302.12 | An unlabeled tote of food was observed stored below the tea machine at the customer access counter. Foods that are not readily identifiable shall be clearly labeled with the common name of the food. Please label the container. | | | | | |
| 6-501.11 | The cabinet doors below the customer self-service coffee decanters were observed to be broken. Physical facilities shall be maintained in good repair. Please repair the cabinet doors. | | | | | |
| 4-601.11C | A milk spill was observed on the door sill of the customer reach-in milk cooler. Non-food contact surfaces shall be cleaned as often as necessary to keep clean. Please clean. | | | | | |
| 6-501.11 | Missing and stained ceiling tiles were observed throughout the facility. Physical facilities shall be maintained in good repair. Please replace missing and stained tiles. | | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | | |
| Person in Charge /Title: Lisa Lee | | | | Date: June 2, 2015 | | |
| 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: 6-16-15 | | | |



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

| | | |
|--|----------------------------------|---------------------------------|
| ESTABLISHMENT NAME Rhodes 101 Convenience Store | ADDRESS 303 West Karsch Blvd. | CITY / ZIP Farmington, 63640 |
|--|----------------------------------|---------------------------------|

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

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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.**

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

| | | | |
|-----------|--|--------------|--|
| 5-205.15B | The hot water valve at the mop sink was observed to be leaking. A plumbing system shall be maintained in good repair. Please repair the leak. | 6-16-15 ↓ | |
| 5-501.17 | A covered waste receptacle was not present in the women's restroom. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. Please provide a covered receptacle at this location. | | |
| 4-501.16B | A soiled mop was observed stored in the facility three-compartment sink. The three-compartment sink may not be used as a service sink. Please remove the mop from the three-compartment sink and store in an upright position where it can dry without contaminating food or equipment. COS by removal of mop. | | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|---------------------------|---------------|--|
| Person in Charge / Title: | Lisa Lee | Date: June 2, 2015 |
| 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: 6-16-15 |