



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

|         |         |          |        |
|---------|---------|----------|--------|
| TIME IN | 1:57pm  | TIME OUT | 3:01pm |
| DATE    | 7-16-15 | PAGE     | 1 of 2 |

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>Roller Zone  |  | OWNER:<br>MIKA, LLC  | PERSON IN CHARGE:<br>Kelsey Tucker  |   |  |
| ADDRESS:<br>650 Walton Drive  |  | ESTABLISHMENT NUMBER:<br>4484  | COUNTY:<br>187  |   |  |
| CITY/ZIP:<br>Farmington, 63640  |  | PHONE:<br>573-756-4898   | FAX:<br>na  | P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input 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<br><input checked="" 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<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 type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____   |  | 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A   | Proper cooking, time and temperature                        |     |                                     |
|   | <b>Employee Health</b>  |     |   | <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A   | Proper hot holding temperatures                             |     |                                     |
|   | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper date marking and disposition                         |     | <input checked="" type="checkbox"/> |
| <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/A  | Time as a public health control (procedures / records)      |     |                                     |
|   | <b>Preventing Contamination by Hands</b>  |     |   |  | <b>Consumer Advisory</b>                                    |     |                                     |
| <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 |     |   |  | <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"/> IN <input type="checkbox"/> OUT  | Toxic substances properly identified, stored and used       |     |                                     |
| <input type="checkbox"/> IN <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 <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                       |     |   |
|                                     |                                     | <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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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>Kelsey Tucker</i> |              | Kelsey Tucker               |               | Date: July 16, 2015  |  |
| Inspector: <i>John Wiseman</i>                | John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |              |                             |               | Follow-up Date: 7-31-15  |  |



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| ESTABLISHMENT NAME<br>Roller Zone |  | ADDRESS<br>650 Walton Drive |                        | CITY /ZIP<br>Farmington, 63640 |              |
| FOOD PRODUCT/LOCATION             |  | TEMP. in ° F                | FOOD PRODUCT/ LOCATION |                                | TEMP. in ° F |
| Woods chest freezer               |  | 18                          |                        |                                |              |
| Woods refrigerator                |  | 32                          |                        |                                |              |
| Brand Source freezer              |  | 0                           |                        |                                |              |
| Glass front bev cooler            |  | 36                          |                        |                                |              |

| 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 |
|-------------------|---|-------------------|---------|
| 3-701.11          | Debris was observed falling onto ice in the Scotsman ice machine. Food that is unsafe or adulterated shall be discarded. Discard the contents of the ice machine. Wash, rinse, sanitize, and air dry before putting back into service.  | 7-16-15           | KT      |
| 3-501.18A<br>3    | A container of cheese sauce was observed in the Woods refrigerator past the discard date. Food that exceeds the temperature and time combination as specified in 3-501.17A of The Food Code shall be discarded. Please discard.   |                   |         |
| 6-501.111<br>ABCD | A dead insect was observed on the floor in the storage/ware washing room. The presence of insects and other pests shall be controlled to minimize their presence on the premises. Please control the presence of pests by: inspecting incoming shipments, routinely inspecting the premises, eliminating harborage conditions, and using abatement methods such as pest control services. | 7-19-15           |         |
| 4-601.11A         | Mold was observed on the nozzle housing of the soda fountain at the service counter. Food contact surfaces shall be clean to sight and touch. Please thoroughly wash, rinse and sanitize tis surface.   |                   |         |

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| 6-202.15A<br>3 | Daylight was observed around the front entry doors. The outer openings of a food establishment shall be protected against the entry of pests by providing solid, self-closing, tight-fitting doors. Please repair the gap.   | 7-31-15           | KT      |
| 5-205.15B      | The left side hand wash sink in the men's room was observe to be pulling away from the wall. The caulk sealing the sink to the wall has been broken. A plumbing system shall be maintained in good repair. Please secure the sink to the wall and repair the caulk sealing the sink to the wall. |                   |         |

EDUCATION PROVIDED OR COMMENTS

|  |                             |                         |
|--|-----------------------------|-------------------------|
| Person in Charge /Title: <i>Kelsey Tucker</i><br>Kelsey Tucker                 |                             | Date: July 16, 2015     |
| Inspector: <i>John Wiseman</i><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: 7-31-15 |



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| Person in Charge /Title:<br>Kelsey Tucker | Date:<br>July 16, 2015          |                  |  |
| 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: 7-31-15                   |                                 |                  |  |



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**EDUCATION PROVIDED OR COMMENTS**

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| Person in Charge /Title:<br>Kelsey Tucker | Date:<br>July 16, 2015         |                  |  |
| 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: 7-31-15  |





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

|                                   |                             |                                |
|-----------------------------------|-----------------------------|--------------------------------|
| ESTABLISHMENT NAME<br>Roller Zone | ADDRESS<br>650 Walton Drive | CITY /ZIP<br>Farmington, 63640 |
|-----------------------------------|-----------------------------|--------------------------------|

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