



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

TIME IN	1:20 pm	TIME OUT	3:15 pm
DATE	Dec. 30, 2015	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: Ross Minit Mart	OWNER: Eric Ross	PERSON IN CHARGE: Kathy Kaiser	
ADDRESS: 1025 Ste. Genevieve Ave.	ESTABLISHMENT NUMBER: 3889	COUNTY: 187	
CITY/ZIP: Farmington, 63640	PHONE: (573)760-1388	FAX: (573)760-1386	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <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 <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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY 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"/> N/C <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/C <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 type="checkbox"/> N/C <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"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input 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"/> N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C	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				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/C <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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <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/C <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/C <input 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.		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				IN = in compliance	OUT = not in compliance	
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				N/A = not applicable	N/O = not observed	
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				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"/>		Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" 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: *Kathy Kaiser* Kathy Kaiser Date: December 30, 2105

Inspector: *Rose Mier* Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up:  Yes  No  
Follow-up Date: Jan. 13, 2016



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ESTABLISHMENT NAME	ADDRESS	CITY / ZIP	
Ross Minit Mart	1025 Ste. Genevieve Ave.	Farmington, 63640	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, Dippin Dots chest freezer	0	Ambient, Half and Half creamer dispenser	40
Ambient, Grab N Go sandwich cooler	36	Ambient, prep cooler, bottom and top	38, 36
Code Reference	PRIORITY ITEMS		Correct by (date)
	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>		Initial
3-501.17B	<p>The half and half creamer was not date labeled in the dispenser. Potentially hazardous food held for more than 24 hours shall be labeled with the disposal date, which is the day of opening plus an additional six days (7 days total). Please label boxes of creamer with disposal date when placed in dispenser.</p> <p><b>CORRECTED ON SITE</b> by labeling boxes with disposal date.</p>		COS
3-501.17B	<p>The whipped cream inside the dispenser lacked labeling for disposal. According to manufacturer's label instructions, the product has a 5-day disposal date after opening. Please label packages with a 5-day disposal date when placed in dispenser.</p> <p><b>CORRECTED ON SITE</b> by labeling package of whipped cream.</p>		COS
7-204.11	<p>The chlorine concentration in the sanitizing solution in the spray bottle in the kitchen was greater than 200 ppm. Chlorine concentration shall be 50 to 100 ppm. in sanitizer solutions. Please use test strips to ensure chlorine concentration is correct after preparing sanitizer solutions.</p> <p><b>CORRECTED ON SITE</b> by remaking solution to 50-100 ppm.</p>		COS
7-102.11	<p>A spray bottle containing liquid, hanging on the handwashing sink near the drive-in area, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label.</p>		12/30/15
NOTE	<p>All food held in the Hatco food warmer and the Cooper's Express hot hold cabinet was held by time. Ambient temperature was 110-120F in the Hatco food warmer and 112-115F in the Cooper's Express hot hold display cabinet. Please ensure all food remaining four hours after preparation is disposed, and the food containers are washed, rinsed, and sanitized before reusing.</p>		
Code Reference	CORE ITEMS		Correct by (date)
	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>		Initial
6-301.14	<p>Handwashing signs were missing in both men's and women's bathrooms. Signs shall be posted at all handwashing sinks to remind users of the importance to wash hands. Please install signs.</p>		12/30/15
6-202.15A	<p>Daylight was observed between the front entry doors. Outside entries shall be sealed to reduce pest entry points. Please seal door.</p>		1/13/16
6-501.11	<p>Ceiling tiles observed stained in drive-up area. Facility shall be maintained in good condition. Please ensure there are no leaks, then either paint or replace ceiling tiles.</p>		1/13/16
3-304.12B	<p>A single-use cup was used as an in-use scoop in the container of sugar, stored in the cabinet below the LeGrands flavored coffee dispenser. In-use utensils shall have a handle which is stored above the surface of the food. Please dispose of cup and use a dispenser with a handle.</p>		12/30/16
4-204.112	<p>A thermometer was not observed in the Grab N Go sandwich cooler. Please install a thermometer reading from 0F to 220F in a convenient to read location in this cooler.</p>		1/13/16
4-204.112	<p>There was no thermometer in the Cooper's hot hold display case. Please install a thermometer reading from 0F to 220F in a convenient to read location.</p> <p><b>CORRECTED ON SITE</b> by installing thermometer.</p>		COS
6-202.11A	<p>The light bulbs inside the Cooper's hot hold display case did not appear to be shatter-resistant. Lighting shall be shielded or shatter resistant in areas of food preparation or storage. Please install shielded or shatter-resistant lights.</p>		1/13/16
6-202.11A	<p>The bulb inside the popcorn maker did not appear to be shatter resistant. Please install shielded or shatter-resistant bulbs in this unit.</p>		1/13/16
6-101.11A	<p>Floor tiles were damaged in the drive-up area. Flooring shall be smooth, cleanable, and good repair. Please replace broken tiles.</p>		1/13/16

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Kathy Kaiser* Kathy Kaiser Date: December 30, 2105

Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes	<input type="checkbox"/> No
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, Frigidaire freezers	12, 8	Ambient, walk-in cooer	32
Ambient walk-in freezer	5	Ambient, walk-in beverage cooler	35
Ambient, beer cooler	38		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
7-102.11	Two spray bottles, one containing yellow liquid, the other blue liquid, stored in the chemical cabinet near the ice makers, were not labeled. Please label working containers of chemicals with the common name of the contents. CORRECTED ON SITE by labeling.	COS	
4-601.11A	Mold observed on the deflectors of both ice makers. Food contact surfaces shall be clean to sight and touch. Please remove ice, wash, rinse, sanitize, and air dry before returning to service.	12/31/15	
4-202.11A	The bottom of the ice bucket was broken. Food contact surfaces shall be free of imperfections. Please dispose of this container.	1/2/16	
Code Reference	CORE ITEMS	Correct by (date)	Initial
4-204.112	A thermometer was not found in the prep cooler. Please install a thermometer in a convenient-to-read location in the warmest part of this cooler.	1/13/16	
4-204.112	A thermometer was not found in one of the Frigidaire freezers. Please install a thermometer in a convenient-to-read location in the warmest part of this unit.	1/13/16	
3-305.11A	Packages of whipped topping were on the floor in the walk-in freezer. Food shall be stored a minimum of six inches off floor. Please place mix on shelf.	12/30/15	
5-501.113	Lids were open on the outside dumpster and were observed not correctly attached to "axle." Outside trash storage units shall have closed lids. Please have trash company repair or replace lids or replace dumpster, and keep lids closed.	1/13/16	
5-501.115	Accumulation of trash observed around and in trash enclosure. Enclosures shall be kept free of litter and debris. Please clean area.	1/13/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	Kathy Kaiser	Date:	December 30, 2105
Inspector:	Rose Mier	Telephone No. (573)-431-1947	EPHS No. 1390