



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 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 checked="" 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 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 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 type="checkbox"/> N/O <input checked="" 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/O <input checked="" 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"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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/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				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/O <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/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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C	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/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		
	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 N/O = 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"/> Q/C <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 type="checkbox"/>	<input checked="" 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					Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input 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 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"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
						<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Kathy Kaiser</i> Kathy Kaiser		Date: December 30, 2105	
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: Jan. 13, 2016	



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ESTABLISHMENT NAME Ross Minit Mart		ADDRESS 1025 Ste. Genevieve Ave.		CITY /ZIP 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 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
3-501.17B	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. CORRECTED ON SITE by labeling boxes with disposal date.				COS	K
3-501.17B	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. CORRECTED ON SITE by labeling package of whipped cream.				COS	
7-204.11	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. CORRECTED ON SITE by remaking solution to 50-100 ppm.				COS	
7-102.11	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.				12/30/15	
NOTE	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.					
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
6-301.14	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.				12/30/15	K
6-202.15A	Daylight was observed between the front entry doors. Outside entries shall be sealed to reduce pest entry points. Please seal door.				1/13/16	
6-501.11	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.				1/13/16	
3-304.12B	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.				12/30/16	
4-204.112	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.				1/13/16	
4-204.112	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. CORRECTED ON SITE by installing thermometer.				COS	
6-202.11A	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.				1/13/16	
6-202.11A	The bulb inside the popcorn maker did not appear to be shatter resistant. Please install shielded or shatter-resistant bulbs in this unit.				1/13/16	
6-101.11A	Floor tiles were damaged in the drive-up area. Flooring shall be smooth, cleanable, and good repair. Please replace broken tiles.				1/13/16	
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: <i>Kathy Kaiser</i> Kathy Kaiser					Date: December 30, 2105	
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: Jan. 13, 2016		



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Ambient, Frigidaire freezers		12, 8	Ambient, walk-in cooler		32	
Ambient walk-in freezer		5	Ambient, walk-in beverage cooler		35	
Ambient, beer cooler		38				
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
7-102.11	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	[Signature]
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 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
4-204.112	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	[Signature]
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						

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