



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

TIME IN	12:25 pm	TIME OUT	2:37 pm
DATE	March 31, 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: Save-A-Lot	OWNER: Can Stockers, Inc.	PERSON IN CHARGE: Luke Smith
ADDRESS: 140 Vierse Drive	ESTABLISHMENT NUMBER: 0116	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-7272	FAX: (573)756-7453
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
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 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"/> 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<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	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<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"/> N/A	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		
		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 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 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 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: <i>Luke Smith</i> Luke Smith	Date: March 31, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Date: April 14, 2016
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Save-A-Lot		ADDRESS 140 Vielse Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, walk-in dairy cooler		40	Ambient, glass front meat freezers		-6, -12
Ambient, walk-in freezer		0	Ambient, open front dairy coolers		33, 34
Ambient, meat cutting room		30	Ambient, glass-front freezers, aisle 8		5, -8, -12, -6
Ambient, meat walk-in cooler		50	Coffin freezers, aisle 8		9, -1, -1, 15, 1
			Coffin freezers, aisle 7		-2, 20, 8, 12, 8

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
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NOTE	TEMPERATURES, in degrees Fahrenheit: Produce open front coolers, ambient: 33, 41, 38 Deli meat open front coolers, ambient: 32, 31 Deli coffin cooler, ambient: 38; deli coffin cooler, ambient: 39 Fresh meat open front cooler, ambient: 28, 39		
3-302.11A	Raw bacon was stored above bologna, and raw sausage above bacon in the deli meat open-front cooler. Please store food to prevent cross contamination: raw foods below fully-cooked and ready-to-eat foods; raw whole meats (bacon) above ground meats (sausage). Please re-arrange food in correct order. CORRECTED ON SITE by rearranging meat into correct order	COS	
3-302.11A	Raw pork roasts were stored touching fully-cooked ham in the meat coffin cooler. Please store separately or provide a physical divider between raw and fully cooked food. CORRECTED ON SITE by adding a physical barrier	COS	
3-302.11A	Mechanically tenderized pork cutlets were stored above pork chops, and ground beef patties were stored above whole-muscle beef steaks in the fresh meat open-front cooler. Please store mechanically tenderized and ground meats below whole-muscle meats to prevent cross-contamination. CORRECTED ON SITE by arranging meat into correct order.	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
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6-202.11A	Two bulbs in the produce open-case cooler were not shielded. Please install shields and endcaps on both bulbs. CORRECTED ON SITE by installing shields and endcaps.	COS	LS ↓
4-204.112	Thermometers were not found in the produce open-case cooler. Please install thermometers in a convenient-to-read location.		
3-305.11A	A crate of ears of corn were stored on the floor in front of the produce cooler. Please store food at least six inches off the floor. CORRECTED ON SITE by placing box on crate	COS	
6-202.11A	Six bulbs in the fresh meat open-front cooler, and one bulb in the dairy open-front cooler, were not shielded. Please provide shields and endcaps or install shatter-resistant bulbs. COS by installing shields	COS	
4-601.11C	Debris observed on the wire shelf holding tea in the dairy cooler. Please clean non-food contact surfaces as often as needed to keep clean.		
4-601.11C	The absorbent liner below the wire shelves in the walk-in dairy cooler was soiled. Please replace when soiled.	4/14/16	
4-601.11C	Accumulation of debris observed on the ledge between the air intake and the doors on the inside bottom of the glass-front freezers in aisle 8 (contains breakfast items, pizza, ice cream). Please clean.	4/14/16	
4-204.112	Only one thermometer was found in the coffin freezers in aisle 8, and one in aisle 7. Please install a thermometer at intervals in freezers.	4/14/16	
6-301.14	There was no sign to remind users to wash their hands in the customer bathroom. Please install a sign.	3/31/16	
5-501.17	The trash can in the customer bathroom did not have a lid. Bathrooms used by females shall have lidded trashcans. Please install a trash can with a lid in bathroom.	4/14/16	

EDUCATION PROVIDED OR COMMENTS

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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: April 14, 2016



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ESTABLISHMENT NAME Save-A-Lot		ADDRESS 140 Vielse Drive		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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3-302.11A	Raw sausage and ground beef were stored above whole muscle meat (ribs) and fish/seafood in the walk-in meat freezer. Please store food to prevent cross contamination by arranging in the following vertical order: raw poultry on bottom, then ground meats (including mechanically tenderized meats), then whole muscle meats, then fish and seafood. Fully cooked and ready-to-eat foods are stored on top.	4/1/16	LS ↓
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6-501.11	There was damage to the wall near the paper towel dispenser in the customer bathroom. Walls shall be nonabsorbent and cleanable. Please repair and seal wall to make it cleanable.	4/14/16	LS ↓
5-205.15B	The faucet was leaking at the 3-vat sink in the warehouse area. Plumbing shall be maintained in good repair. Please repair to prevent dripping.	4/14/16	
6-202.15A	Daylight was observed below the back entry door (labeled "fire exit.") Please seal to prevent pest entry.	4/14/16	
5-501.17	The trash can in the employee bathroom lacked a lid. Bathrooms used by females shall have a lid. Please install a trash can with a lid.	4/14/16	
6-501.14A	An accumulation of dust was observed on the grate over the mechanical vent in the employee bathroom. Please clean as often as needed to keep clean.	4/14/16	
6-501.14A	Accumulation of dust observed on the grates over the fans on the condenser units in the walk-in dairy cooler. Please clean as often as needed to keep clean.	4/14/16	
6-501.12A	Mold and dust observed on the ceiling of the walk-in dairy cooler. Please clean and sanitize to reduce mold growth.	4/14/16	
6-501.11	Paint was peeling from the condenser unit in the walk-in freezer. Please scrape and re-seal to prevent contamination of packaging from peeling paint.	4/14/16	
4-601.11C	Debris observed on ledges and glides holding the trays of the mobile meat racks. Please clean all surfaces of racks as often as needed to keep clean.	4/2/16	
6-501.14A	Accumulation of dust observed on the grates over the fans of the condenser units in the meat cutting room and in the meat walk-in cooler. Please clean as often as needed to keep clean.	4/14/16	

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	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ESTABLISHMENT NAME Save-A-Lot	ADDRESS 140 Vielse Drive	CITY /ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

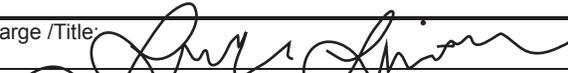
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6-301.12	There were no paper towels at the handwashing sink in the meat cutting room. Please install a dispenser to dispenser paper towels in a sanitary manner at the handwashing sink.	4/2/16	LS ↓
6-202.15A	Daylight observed around the front entry doors. Please seal to reduce pest entry points.	4/14/16	
6-202.15A	Holes were observed in the outside side of the building where utilities once entered the building. Please seal holes to reduce pest entry points.	4/14/16	

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