



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

TIME IN	1:06 pm	TIME OUT	2:42 pm
DATE	March 22, 2016	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: Showplace 4	OWNER: AMC Theatres	PERSON IN CHARGE: Michael Binz •
ADDRESS: 838 Valley Creek Drive	ESTABLISHMENT NUMBER: 0164	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-4429	FAX: (573)756-4114
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other Risk Factor Study		
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		
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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <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"/> N/O <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"/> 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 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				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 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 type="checkbox"/> OUT <input checked="" 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		
		Food Temperature Control			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used	<input checked="" type="checkbox"/>	
<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 type="checkbox"/>	<input checked="" 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 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 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 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>Michael Binz</i>	Michael Binz	Date: March 22, 2016
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 12, 2016



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ESTABLISHMENT NAME Showplace 4		ADDRESS 838 Valley Creek Drive	CITY / ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, ice cream freezer	0	Beverage Air Cooler in kitchen: ambient, hotdogs	40, 43
Ambient, freezer in kitchen	10	Ambient, hot hold drawer (empty)	135
Ambient, hot hold case	135		

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
6-501.111	Rodent droppings observed beneath pallets in the upstairs storage rooms. Facility shall be free of pests. Please remove all evidence of pests, have pest control company increase rodent eradication, and monitor facility for pests.	4/12/16	Z
4-501.114C	There was no sanitizer detected in the dispensed sanitizing solution at the 3-vat sink. Food contact equipment and utensils shall be sanitized after cleaning. Please determine cause for lack of sanitizer and repair unit. Until it reliably dispenses sanitizer at 200 to 400 ppm quaternary ammonia, add sanitizer to water by hand. Use test strips to ensure correct concentration of sanitizer is obtained. CORRECTED ON SITE by elevating container so siphon works correctly. NOTE: please permanently elevate container.	COS	
4-601.11A	Mold observed on the inside deflector of the Scotsman ice maker. Food contact surfaces shall be clean to sight and touch. Please remove ice, wash, rinse, sanitize, and air dry before returning to service.	3/24/16	

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
4-903.11A	A box of single-use cups were stored on the floor in the upstairs storage room. Single use items shall be stored at least six inches off the floor. Please place box on pallet. CORRECTED ON SITE by placing box of cups on pallet.	COS	Z
3-701.11	Employee food was stored above facility food in the Beverage Air cooler. Please store employee food below or separated from facility food to prevent cross-contamination.	3/22/16	
4-204.112	A thermometer was not found in the Beverage Air cooler. Please place an accurate thermometer in a convenient-to-read location in this unit.	3/29/16	
6-501.12A	Accumulation of debris observed on the floor beneath and around equipment in the "kitchen" area. Please clean floor as often as needed to keep clean.	3/25/16	
6-501.11	Floor tile was observed broken in front of the ice maker. Please repair to make the floor smooth, nonabsorbent, and cleanable.	4/12/16	
6-202.15A	Daylight observed between and below the front double entry doors on the left side, and at the bottom of the front entry door on the right. Please seal to reduce pest entry points.	4/12/16	
4-302.14	Test strips to check the concentration of quaternary ammonia sanitizer upon request. Please supply test strips at the 3-vat sink and use to ensure concentration of sanitizer is between 200 and 400 ppm daily.	3/29/16	
4-203.12A	The food thermometer was not accurate, reading 118F when the actual temperature of the hot water was 132F. Please calibrate thermometers frequently (daily). CORRECTED ON SITE by calibrating thermometer.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>[Signature]</i>	Michael Binz	Date: March 22, 2016
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 12, 2016