



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

TIME IN	10:30 am	TIME OUT	1:12 pm
DATE	January 8, 2016	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: Si Senior	OWNER: Mario Leon	PERSON IN CHARGE: Mario Leon
ADDRESS: 612 WalMart Drive	ESTABLISHMENT NUMBER: 0837	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)747-3030	FAX: (573)747-3031
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	Management awareness; policy present			<input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T 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 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 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"/> C N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	Food in good condition, safe and unadulterated	✓			<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> IN <input type="checkbox"/> OUT 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>						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				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"/> T N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT 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 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		
		<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 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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 type="checkbox"/>	<input checked="" 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>[Signature]</i>	Mario Leon	Date:	January 8, 2016
Inspector: <i>[Signature]</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. 12, 2016



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

ESTABLISHMENT NAME Si Senior		ADDRESS 612 WalMart Drive	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient, GE chest freezer, bar	20	Ambient, keg cooler, bar	41
Ambient, True cooler, bar	28	Ambient, True beer cooler, kitchen	32
Chicken, prepping, kitchen	60	Hamburger, stove	198
Ambient, prep cooler, bottom	38	Cut tomatoes, prep cooler, top	38
Cut lettuce, prep cooler, top	40	Shredded chicken, hot hold	198

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-601.11A	The ice bucket stored below the soda dispenser was observed with slime on inside bottom. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, air dry daily. <b>CORRECTED ON SITE by wash, rinse, sanitize</b>	COS	M
3-501.16A	Chicken that was being cut up had an internal temperature of 60F. Potentially hazardous food shall have internal temperatures of 41F or lower. Please work with smaller quantities of food while prepping; take temperatures while prepping to ensure food remains at 41F or lower. Quickly replace cut chicken back into cooler. NOTE: According to owner, this chicken was out of cooler approximately three hours earlier. <b>CORRECTED ON SITE by discussion with owner, employees, and placing chicken back in walk-in cooler.</b>	COS	
3-501.14A	Food that is cooled for cold-holding are not monitored for time and temperature. Please use a thermometer with a probe or metal stem to ensure food is cooled from 135F to 70F in two hours, and from 70F to 41F in an additional four hours. If either benchmark is not met, reheat food to 165F and begin process again. <b>CORRECTED ON SITE by discussion of process with owner and employee.</b>	COS	
3-501.16A	The ambient temperature of the indoors walk-in cooler was 45F. Potentially hazardous food was temped and found to be at 45F to 50F. Food shall be held at 41F or lower. All potentially hazardous food in the walk in cooler with temperatures at 45F or higher were voluntarily discarded.	1/12/16	
NOTE	Foods may be prepared and cooled, then reheated, and hot held. Foods are cooled in an ice bath with stirring, but time and temperature are not monitored. Foods are reheated to 165F or greater before placing in hot-hold steam table.		

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
6-501.11	Damage was observed in the tiles of the bar. Nonfood contact surfaces that are exposed to splash or require frequent cleaning shall be smooth and non-absorbent. Please repair bar and seal edges to allow effective cleaning.	1/12/16	M
3-304.12A	A plate was used as an in-use scoop and stored in a container of cut tomato mixture inside the 2-door glass cooler. In-use scoops shall be handled and stored above the surface of the food to prevent contamination from hands. Please remove plate, discard food, and use only handled scoops.	1/8/16	
4-501.14	Debris accumulation observed on the inside, top surfaces of the mechanical ware wash machine. Please clean machine at least daily.	1/9/16	
4-601.11C	Accumulation of debris observed on the mechanical ware wash machine racks. Equipment shall be clean. Please scrub racks as often as necessary to keep clean.	1/10/16	
6-501.12A	Accumulation of debris observed under the ice machine and shelves in the dry storage area. Please clean facility as often as needed to keep clean.	1/9/16	
6-202.15A	Daylight observed around door of outside storage shed. Outside openings shall be sealed to reduce pest entry areas. Please seal.	1/12/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: 	Mario Leon	Date: January 8, 2016
Inspector: 	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. 12, 2016



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

ESTABLISHMENT NAME Si Senior		ADDRESS 612 WalMart Drive	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Rice hot hold	193	Beans, hot hold	179
Ambient, 2-door glass cooler, kitchen	32	Ambient, walk-in cooler	45
Ambient, walk-in freezer	20	Ambient, walk-in cooler, outdoors	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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-702.11	There was no chlorine detected in the bucket holding wet wiping cloths near the mechanical dish washer. Chlorine shall be 50 to 100 ppm in sanitizing solutions. Please use test strips to ensure correct concentration of chlorine is obtained in sanitizer solutions. <b>CORRECTED ON SITE</b> by adding bleach to 100 ppm.	COS	M
4-4202.11A	The "funnel" shaped sieve hanging on the wall above the meat cutting table was broken. Food contact surfaces shall be free of imperfections. Please dispose of sieve.	1/12/16	
4-601.11A	Mold was observed on the deflector of the ice maker. Food contact surfaces shall be clean to sight and touch. Please remove ice, wash, rinse, sanitize, and air dry machine before returning to service.	1/9/16	
2-401.11	Employee observed drinking from a capped soda bottle at the prep line, then not washing hands after drinking. Employees shall eat, drink, and use tobacco products only in designated areas where food, equipment, clean linens, and single-use items cannot be contaminated. Please designate an area and ensure employees follow rules of where to eat, drink, and use tobacco products.	1/8/16	
2-301.14	Employee did not wash hands after drinking from a capped soda bottle. Employees shall wash hands after eating, drinking, or using tobacco products before returning to work. Please ensure employees know when to wash hands.	1/8/16	
3-603.11B	A reminder was included on the menus concerning raw/undercooked meats, but a disclosure was not included. Please asterisk those items on the menu that may be ordered undercooked to the reminder.	1/12/16	
4-702.11	There was no chlorine detected in the sanitizing cycle of the mechanical warewash machine. Chlorine concentration shall be 50 to 100 ppm. to sanitize food-contact surfaces. Please sanitize dishes manually after cleaning in the mechanical dish washer until unit is serviced and sanitizes correctly. Please use test strips a minimum of once daily to ensure machine is sanitizing is correct.	1/12/16	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title: 	Mario Leon	Date: January 8, 2016
Inspector: 	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. 12, 2016