



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

TIME IN	12:55 pm	TIME OUT	3:42 pm
DATE	June 8, 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: St. Francois County Detention Center		OWNER: St. Francois County		PERSON IN CHARGE: Yvonne Bowyer/Dennis Smith	
ADDRESS: 1550 Doubet Road			ESTABLISHMENT NUMBER:		COUNTY: St. Francois (187)
CITY/ZIP: Farmington, MO 63640		PHONE: (573) 756-3252 x 1032		FAX: (573) 756-4327	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 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 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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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"/> NO	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<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		
	<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"/> N/C <input 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				<b>Conformance with Approved Procedures</b>		
<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		
	<b>Protection from Contamination</b>			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 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"/> NO	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		
		<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 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		
		<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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 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: <i>[Signature]</i> Yvonne Bowyer/Dennis Smith		Date: June 8, 2015	
Inspector: <i>[Signature]</i> Jon Peacock	Telephone No. (573) 431-1947	EPHS No. 880	Follow-up: Date: July 8, 2015 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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ESTABLISHMENT NAME St. Francois County Detention Center		ADDRESS 1550 Doubet Road		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION Walk-in cooler (Ambient)		TEMP. in ° F 41	FOOD PRODUCT/ LOCATION Walk-in freezer (Ambient)		TEMP. in ° F 0

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
5-203.11A	No handwashing sink was observed located in the kitchen. The previous handwashing sink had been removed according to Ms. Bowyer. Indication of the sink drain and water connections was observed on the wall near the 3-vat sink. Please install a handwashing sink in the kitchen and equip with hot (100F) and cold running water from a mixing faucet, hand cleanser and paper towels from dispensers, handwashing signage and a waste receptacle.	7-8-15	<i>DLB</i>
5-205.15A	Atmospheric vacuum breaker observed leaking on the CMA-180 dish machine. Backflow prevention devices must be maintained in good repair to prevent the potential contamination of the water system. Please repair/replace with A.S.S.E. (American Society of Sanitary Engineering) rated device or repair kit.		
4-501.112 A	CMA-180 hot water sanitizing dish machine was not observed to sanitize equipment and utensils to the minimum temperature of 180F as stated on the manufacturers' data plate. Dish machines must operate according to the manufacturers' data plate. (COS by running multiple cycles)		
5-203.14B	Ice-O-Matic ice machine appears to be a water cooled unit. The water line connecting into the ice machine condensing unit was observed without any backflow prevention device. Please install an A.S.S.E. rated backflow prevention device on the water line connecting to the condensing unit.		
5-402.11A	The three-compartment sink drain was observed with a direct connection into the grease trap. An indirect connection may not exist between the sewage system and the equipment drain. Please have the sink drain evaluated to determine if an indirect connection can be installed. If so, please install. If not, please provide a letter to the St. Francois County Health Center (Cont.)		

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
6-202.14	Employee restroom door was observed open and lacking a self-closing device. Please install a self-closing device to allow door to close between uses.	7-8-15	<i>DLB</i>
5-202.12A	No hot water at employee restroom handwashing sink. Please provide hot (100F) water at the handwashing sink.		
5-501.17	No covered waste receptacle in the employee restroom. Please provide for the disposal of sanitary items.		
4-601.11C	Grease and debris observed within lower cabinet of Pitco Frialator deep fryer. Non-food contact surfaces of equipment must be kept free of the accumulation of dust, dirt, food residue, etc.		
4-203.12A	Numerically scaled indicating thermometer observed broken in the walk-in freezer. Numerically scaled thermometers must be accurate to within +/- 3F. Please replace.		
6-501.11	Hole in wall behind the dish machine. Walls must be smooth, durable and easily-cleanable. Please repair.		
4-501.113	CMA-180 dish machine water rinse pressure gauge showed the water pressure at 12 psi. The rinse pressure on the data plate stated 20 +/- 5 psi. Please increase the rinse pressure to operate within this range.		
5-202.12A	No hot water at the "trustee's restroom" handwashing sink. Please provide hot (100F) water. "Trustee's restroom" door was observed open and lacking a self-closing device. Please install.		
6-301.14	No signage at handwashing sinks in the restrooms. Please provide.		

EDUCATION PROVIDED OR COMMENTS

No food preparation occurring during visit. Per Ms. Bowyer the meal times are: 7:00 am-7:30 am, 11:30 am-12:00 pm and 4:30 pm-5:00 pm.

Person in Charge /Title: <i>[Signature]</i> Yvonne Bowyer/Dennis Smith		Date: June 8, 2015
Inspector: <i>[Signature]</i> Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: July 8, 2015



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ESTABLISHMENT NAME St. Francois County Detention Center		ADDRESS 1550 Doubet Road		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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
5-402.11A	(cont. from page 2) stated the reason the indirect connection cannot be installed. By installing an indirect connection, the intrusion of sewer gas and/or the backup of water into the kitchen should not occur under normal usage.	7-8-15	<i>DS</i>
5-103.11B	The hot water was not observed at sinks within the kitchen area. Per Ms. Bowyers, a mixing valve was thought to be the issue and is in the process of being replaced. Please provide hot water as soon as possible.		

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5-501.114	Outdoor refuse container noted with drain opening and lacking a drain plug. Drains in receptacles must have drain plugs in place. Please install.	7-8-15	<i>DS</i>
5-501.15A	Outdoor refuse container noted with two broken lids. Refuse containers must be equipped with tight-fitting lids. Please replace.		
4-302.14	No chemical test kit for monitoring chlorine-based sanitizing agents. Please obtain. (Unscented chlorine bleach observed in the kitchen. Chlorine levels must be in the range of 50-100 ppm for proper sanitization.		
4-501.15A	The CMA-180 dish machine was observed with the wash temperature gauge at 110F. The data plate on the machine showed the wash temperature of the water should be 155F. Dish machines must be operated according to the machine's data plate.		

EDUCATION PROVIDED OR COMMENTS

CMA 180 dish machine sanitization thermolabel is affixed to the file copy of the inspection; 1st try:  
 2nd try:

Person in Charge /Title: <i>Jon Peacock</i>		Yvonne Bowyer/Dennis Smith		Date: June 8, 2015
Inspector: <i>Jon Peacock</i>	Jon Peacock	Telephone No. (573)-431-1947	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: July 8, 2015