



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

TIME IN	10:40 am	TIME OUT	1:25 pm
DATE	11/16/ 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: St. Francois County Detention Center	OWNER: St. Francois County	PERSON IN CHARGE: Yvonne Bowyer
ADDRESS: 1550 Doubet Road	ESTABLISHMENT NUMBER:	COUNTY: St. Francois (187)
CITY/ZIP: Farmington, MO 63640	PHONE: (573) 756-3252 x 1032	FAX: (573) 756-4327/9622
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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<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		
	Good Hygienic Practices			<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 checked="" type="checkbox"/> NO <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"/> NO <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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 checked="" type="checkbox"/> OUT <input 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 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		
		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 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		
		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 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 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>Yvonne Bowyer</i> Yvonne Bowyer	Date: November 16, 2016
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: 12-12-2016



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

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	
Walk-in cooler (Ambient)		40	Walk-in freezer (Ambient)	
Chopped ham/Walk-in cooler		39	Sliced turkey/Walk-in cooler	
Mostaccoli/Steam table		162	Hominy/Steam table	
Mostaccoli/Vulcan oven		158		

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
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.	12-12-16	
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.		
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 by a plumber 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 stating 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.		
4-202.11A	Plastic scoop observed cracked at ice machine. Multi-use food-contact surfaces must be smooth, free of breaks, open seams, cracks, chips, etc. Please replace.		

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
5-202.12A	No hot water at kitchen handwashing sink. Please provide hot (100F) running water at the handwashing sink.	12-12-16	
5-202.12A	No hot water at the employee restroom or trustee restroom handwashing sinks. Please provide hot (100F) running water.		
6-301.14	No handwashing signage at handwashing sink in the kitchen. Please provide. (Corrected on site by providing handwashing signage prior to leaving.)		
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.		
5-205.15B	The drain at the kitchen handwashing sink was observed leaking. Plumbing systems must be maintained in good repair.		
5-205.15B	Mixing valve and shut-off valve were observed leaking in the custodial closet. Plumbing systems must be maintained in good repair.		
6-501.11	Baseboard observed coming from wall in staff restroom. Physical facilities must be maintained in good repair.		
Note:	No paper towel dispenser at the kitchen handwashing sink. Please install.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: Yvonne Bowyer		Date: November 16, 2016	
Inspector: Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 12-12-2016



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

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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
4-202.11A	A metal wire strainer was observed with the metal mesh deteriorating. Multi-use food-contact surfaces must be smooth, free of breaks, open seams, cracks, chips, etc. Please replace. (Corrected on site by voluntary discarding)	COS	<i>[Signature]</i>
3-501.17A	Sliced ham and sliced turkey were observed lacking date marking in the walk-in cooler. Ready-to-eat (RTE) potentially hazardous foods (PHF's) held under 41F refrigeration for more than 24 hours must be labeled with a 7 day discard date, (i.e. the date of preparation plus 6 additional days).	12-12-16	<i>[Signature]</i>
5-103.11B	The hot water was not observed at sinks within the kitchen area. Water at the 3-vat sink was noted at 81F. Please provide adequate amounts of hot water to facilitate kitchen activities.	12-12-16	
4-601.11A	Food debris was observed on the guard and cutting blade of the meat slicer. Food-contact surfaces of equipment must be clean to the sight and touch. Please wash, rinse, sanitize and air dry components at 3-vat sink or by a clean-in-place process for those parts that cannot be immersed in water.	11-17-16	
4-601.11A	Food debris observed within the mixing bowl and the underside portion of the floor mounted mixer. Food-contact surfaces of equipment must be clean to the sight and touch. (Corrected on site by cleaning and sanitizing prior to leaving.)	COS	
Note:	Wye connector on mopsink faucet with hose attached running to wall-mounted chemical dispenser. The chemical dispenser was equipped with an A.S.S.E. rated backflow device.		

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
5-501.114	Outdoor refuse container noted with rusted perforations in the bottom. Refuse containers must be watertight. Please replace.	12-12-16	<i>[Signature]</i>
5-501.15A	Outdoor refuse container noted with two broken lids. Refuse containers must be equipped with tight-fitting lids. Please replace.		

EDUCATION PROVIDED OR COMMENTS

CMA 180 dish machine sanitization thermolabel is affixed to the file copy of the inspection:

Person in Charge/Title: <i>[Signature]</i> Yvonne Bowyer		Date: November 16, 2016	
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: 12-12-2016