



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

TIME IN	10:00 am	TIME OUT	10:55 am
DATE	May 16, 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: Subway #10083	OWNER: Mike Johnson DBA Johnson Subways, Inc.	PERSON IN CHARGE: Heather McKinney
ADDRESS: 762 Market Street	ESTABLISHMENT NUMBER: 3292	COUNTY: St. Francois (187)
CITY/ZIP: Farmington, MO 63640	PHONE: 573-756-1010	FAX: NA
PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other <u>2nd reinspection</u>		
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"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Management awareness; policy present			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper cold holding temperatures		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper date marking and disposition		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hands clean and properly washed			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Chemical		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature			<input checked="" type="checkbox"/> <input type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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"/> <input type="checkbox"/> <input type="checkbox"/>	Food separated and protected						
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Food-contact surfaces cleaned & sanitized		<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>

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



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ESTABLISHMENT NAME Subway #10083		ADDRESS 762 Market Street		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Sliced turkey/Cold hold prep. line		39	Sliced tomatoes/Cold hold prep. line		40
Hard salami/Cold hold prep. line		41	Roast beef/Cold hold prep. line		37
Philly steak/Cold hold prep. line		40	Cold hold prep. line/Ambient/Bottom of units		30/36
Ambient/Duke 2 door reach-in fridge		40	Shredded cheese/Duke 2 door reach-in fridge		41


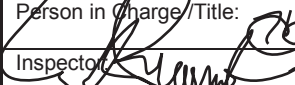
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
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4-601.11A	Three metal pans were observed stacked above the 3 vat sink with dried food residue. Food-contact surfaces of equipment must be clean to the sight and touch. Please wash, rinse, sanitize and air dry at 3 vat sink. Afterward, please store these pans inverted that will allow water to drain and allow them to thoroughly air dry. (COS by agreeing to remove from the premises) Note: A written statement was provided from Ms. McKinney stating the Missouri Food Code would be followed and used as the employee illness policy. A copy of the Missouri Food Code was observed on the premises. Please ensure a copy of the Missouri Food Code remains on the premises. (Please see attached statement from Ms. McKinney).	COS	
2-201.11 A-E			

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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6-501.12A	Clear liquid observed pooling within the cabinet beneath the beverage dispensing station. Physical facilities must be cleaned as often as necessary to keep them clean. Per Ms. McKinney, the wetness issue was caused by a drain that overflows. According to Ms. McKinney, a plumber is scheduled to visit this site today. Prior to leaving this establishment, Mr. Mike Johnson; owner, arrived with a handheld drain cleaning device and thought he had cleared the pvc drain pipe. Please monitor the condition of this drain. (COS)	COS	
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EDUCATION PROVIDED OR COMMENTS

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