



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

TIME IN DATE April 17, 2015	7:56 am	TIME OUT 9:35 am
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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 CESSION 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: 187	
CITY/ZIP: Farmington 636401	PHONE: 573.756.1010	FAX: none	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD			
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY 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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input 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"/> OUT <input type="checkbox"/> N/O <input checked="" 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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<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"/> OUT <input type="checkbox"/> N/C <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"/> 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"/> 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"/> 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"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" 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"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<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.		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				IN = in compliance OUT = not in compliance		
<input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				N/A = not applicable N/O = not observed		
<input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item		

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"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" 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"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" 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"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" 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 checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" 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"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge /Title: 	Heather McKinney	Date: April 17, 2015
Inspector: 	Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: April 28, 2015



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ESTABLISHMENT NAME		ADDRESS		CITY / ZIP	
Subway #10083		762 Market Street		Farmington 636401	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F	
Ambient, walk-in cooler	11	Ambient, walk-in freezer	42		
Ambient, serve-line cooler	38	Ambient, customer cooler	43		
Chicken, hot hold	172	Meatballs, hot hold	144		
Marinara sauce, hot hold	188	Turkey, cold hold	40		
Roast, cold hold	41	Chicken, cold hold	40		
Code Reference	PRIORITY ITEMS			Correct by (date)	Initial
	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.				
4-202.11A	Some of the white plastic bowls used to chop salads were deeply cut and stained on the inside surfaces. Food contact surfaces shall be smooth and free of imperfections to allow effective cleaning and sanitation. Please dispose of all bowls that are marred.			4/28/15	HM
4-601.11A	Splattered food observed on the inside top of the Menumaster microwave in the service area. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize a minimum of every four hours while in continual use, more often if needed to keep clean.			4/17/15	
4-601.11A	Dried debris observed on the Nemco slicer stored on the prep table. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, and inspect prior to storing. CORRECTED ON SITE by cleaning			COS	
NOTE	Temperatures, continued, cold hold table Eggs - 38 Sliced tomatoes - 40 Sausage patties - 38 Cut lettuce - 41				
Code Reference	CORE ITEMS			Correct by (date)	Initial
	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.				
6-501.14A	The grate over the mechanical vent in the women's bathroom had an accumulation of dust. Ventilation systems shall be clean to prevent contamination from dust. Please clean.			4/28/15	
6-202.14	The door to the women's bathroom was not fully self-closing. Bathroom doors shall self-close. Please repair to allow door to fully self-close.			4/28/15	
6-501.14A	The grate over the mechanical vent in the men's bathroom had an accumulation of dust. Please clean to prevent contamination from dust.			4/28/15	
6-501.11	Ceiling tiles were observed stained in the men's bathroom. Facility shall be maintained in good repair. Please ensure there are no leaks, then either paint or replace tiles.			4/28/15	
3-305.11A	Coffee packets were stored on a rack touching the faucet of the handwashing sink in the service area and are possibly contaminated from splash. Food shall be protected from contamination. Please store coffee in a protected location. COS by moving rack			COS	
4-903.12A	Napkins, food holders, and other single-use items are stored beneath the drain of the handwashing sink in the service area. Single-use items shall not be stored beneath unshielded drain lines. Please either shield this drain or move the single-use items.			4/18/15	
4-204.112	A thermometer was not found in the 2-door cooler below the Merrychef oven. Thermometers shall be placed in a convenient to read location in the warmest part of the unit. Please install a thermometer. CORRECTED ON SITE by installing thermometer			COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Heather McKinney* Heather McKinney Date: April 17, 2015

Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes	<input type="checkbox"/> No
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ESTABLISHMENT NAME Subway #10083	ADDRESS 762 Market Street	CITY / ZIP Farmington 636401	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Code Reference	PRIORITY ITEMS <small>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.</small>		Correct by (date)
4-601.11A	Food debris was observed on several of the metal trays stored on the shelf below the prep table. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, and inspect for cleanliness before storing.		4/17/15 <i>JM</i>
4-601.11A	Debris/mold observed in the area behind and around the soda dispenser nozzles. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize daily the entire nozzle housing.		4/17/15 <i>JM</i>
NOTE	A food delivery was received during this inspection. The ambient temperature of the walk-in cooler dropped from 50F to 42F by the end of the inspection. Please continue to monitor to ensure the cooler holds food at 41 or lower.		<i>JM</i>
NOTE	The customer cooler had an ambient temperature of 43F. Please monitor this unit to ensure food temperatures are maintained at 41F or lower.		<i>JM</i>
Code Reference	CORE ITEMS <small>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.</small>		Correct by (date)
6-501.12A	Debris observed beneath the shelves of the walk-in cooler. Facilities shall be cleaned at a frequency to prevent debris accumulation. Please clean.		4/28/15 <i>JM</i>
6-501.12A	Food splatters observed on the FRP board on the wall behind the prep table (above and below table). Please clean facility as often as needed to keep clean.		4/28/15 <i>JM</i>
4-601.11C	Debris observed on the wall-mounted wire rack located above the prep table. Please clean nonfood contact surfaces as often as needed to keep clean.		4/28/15 <i>JM</i>
6-501.18	Accumulation of debris observed in the mop sink. Plumbing fixtures shall be cleaned as often as needed to keep clean. Please clean.		4/20/15 <i>JM</i>
6-501.18	Debris observed hanging from the ends of the pipe of the indirect drains on the 3-vat sink; mold and debris observed on pipes. Please clean as often as needed to keep clean.		4/28/15 <i>JM</i>
6-501.11	Ceiling tiles observed stained in the dining area. Facility shall be maintained in good repair. Please ensure there are no leaks, then either paint or replace the tile.		4/28/15 <i>JM</i>
5-205.15B	Liquid was pooled in the cabinet beneath the soda dispenser. Plumbing shall be maintained in good repair. Please determine source of leak, repair, and clean cabinet.		4/22/15 <i>JM</i>
4-203.11B	The digital thermometer on the outside of the walk-in cooler was inaccurate by 8F. Thermometers shall be accurate to +/- 2F. Please install an accurate thermometer on the inside of this unit. CORRECTED ON SITE by installing a thermometer on the inside.		COS <i>JM</i>
4-204.112	A thermometer was not found in the customer cooler. Please install and monitor temperature.		4/17/15 <i>JM</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Heather McKinney* Heather McKinney Date: April 17, 2015

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
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