



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

TIME IN	2:01 pm	TIME OUT	3:55 pm
DATE	May 1, 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: VFW Post #5896	OWNER: VFW Post #5896	PERSON IN CHARGE: Laura Gratton
ADDRESS: 814 East Karsch Blvd	ESTABLISHMENT NUMBER: 4476	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-8852	FAX: (573)756-1695
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 type="checkbox"/> H <input checked="" 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 checked="" 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 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 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 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 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 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 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)		
Preventing Contamination by Hands				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 type="checkbox"/> IN <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"/> 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 type="checkbox"/> IN <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"/> 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 type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
Prevention of Food Contamination					Physical Facilities				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input 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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Laura Gratton</i>	Laura Gratton	Date: May 1, 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
		Follow-up Date: May 15, 2015



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

ESTABLISHMENT NAME VFW Post #5896		ADDRESS 814 East Karsch Blvd		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, chest beer cooler, bar		32	Ambient, SPT freezer, bar		10
Ambient, walk-in beer cooler, bar		36	Ambient, McCall cooler, kitchen		34
Ambient, glass front cooler, kitchen		41	Ambient, GE upright freezer, kitchen storeroom		0
			Ambient, Coronado chest freezer kitchen storeroom		0
			Ambient, Kenmore chest freezer, kitchen storeroom		2

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
----------------	--	-------------------	---------

4-701.10	Dishes were not sanitized after cleaning because the sanitizing vat of the 3-vat sink was in use to thaw chicken in the kitchen. Food contact surfaces shall be sanitized after cleaning. Please do not use the sink for cleaning dishes while in use for thawing food. Alternatively, thaw food in the refrigerator.	5/1/15	LF
3-302.11A	Raw eggs were stored above ready-to-eat food in the McCall cooler in the kitchen. Raw eggs (poultry) shall be stored separately from or on the bottom shelf. Please arrange food so raw eggs are stored on the lowest shelf (poultry and raw eggs on bottom, then ground meats (sausage and hamburger), then whole-muscle meats, then fish and seafood, then ready-to-eat and fully cooked foods (including produce intended to be cooked).	5/1/15	
4-601.11A	Dried food splatters observed on the Sunbeam microwave in the kitchen. Food contact surfaces shall be washed, rinsed, and sanitized at least every four hours, or after each use if used less frequently. Please clean and sanitize.	5/1/15	
6-501.111 B,C	Rodent droppings observed in cabinet beneath sink in kitchen. Pests shall be controlled. Please remove evidence of pests, monitor facility for pests, and begin approved method of pest control if needed.	5/15/15	
7-102.11	A spray bottle of liquid was stored beneath the 3-vat sink in the kitchen. The bottle was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label.	5/1/15	

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
----------------	---	-------------------	---------

4-601.11C	An accumulation of debris was observed on the ledge of the sliding door glides of the chest beer cooler. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean as often as needed to keep clean. CORRECTED ON SITE by clean	COS	LF
5-501.116 B	The lid of the trash can in the men's bathroom by the bar was dirty. Please clean all surfaces of trash can to prevent soil accumulation.	5/15/15	
5-501.116 B	The lid of the trash can in the women's bathroom by the bar was dirty. Please clean all surfaces as often as needed to keep clean.	5/15/15	
6-501.14A	The grate over the mechanical vent, and the HVAC duct outlet in the ceiling of both the men's and women's bathrooms by the kitchen had an accumulation of dust. Ventilation systems shall be cleaned as often as needed to keep clean. Please clean.	5/15/15	
3-305.11A	Food was stored on the floor in the closet off the hallway by the kitchen storeroom. Please store food at least six inches off the floor.	5/1/15	
6-301.11	There was no soap or paper towels available at the kitchen handwashing sink. Please supply soap and disposable towels at the sink at all times.	5/1/15	
6-301.12	Chicken was being thawed in cold, standing water in one vat of the 3-vat sink. Food that is thawed using cold water shall be submerged below the surface of the water and the water running at a velocity great enough to float off debris. Please thaw food submerged under cold, running water, or in the refrigerator.	5/1/15	
3-501.13B			

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Laura Gratton	Date:	May 1, 2015
Inspector:	Rose Mier	Telephone No.	EPHS No.	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(573)431-1947	1390	Follow-up Date: May 15, 2015



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

ESTABLISHMENT NAME VFW Post #5896		ADDRESS 814 East Karsch Blvd		CITY / ZIP Farmington 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
----------------	--	-------------------	---------

3-302.11A	Food was not stored in the correct order in the GE freezer in the kitchen storeroom. Please store food in the following order: raw poultry and eggs on bottom, then ground meats, then whole muscle meats, then fish and seafood, then fully cooked and ready-to-eat foods.	5/1/15	LG
6-501.111 B,C	Dead insects and rodent droppings observed in the pantry off the kitchen storeroom. Please remove all evidence of pests, monitor facility for pests, and if found begin an approved method of pest control.	5/15/15	
NOTE	There was no food cooked during this visit; chicken and fish was thawed and prepared for cooking, hush puppy batter was prepared, and slaw was made. Food is served by waitresses; drinks and condiments are self-serve from dispensers.		

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
----------------	---	-------------------	---------

5-205.11A	A cutting board was stored over the top of the handwashing sink in the kitchen. Handwashing sinks shall be accessible at all times. Please store cutting board elsewhere.	5/1/15	LG
4-901.11B	Cleaned dishes were dried with a cloth towel in the kitchen. Dishes shall be air dried after cleaning and sanitizing. Please allow dishes to air dry.	5/1/15	
6-501.11	Ceiling tiles were displaced in the pantry and storeroom off the kitchen. Insulation was exposed. Please replace tile to protect food and equipment from insulation.	5/15/15	
3-305.11A	Potatoes were stored on the floor in the storeroom off the kitchen. Food shall be stored at least six inches off the floor. Please store off floor.	5/1/15	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>J. Laura Gratton</i> Laura Gratton		Date: May 1, 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		Follow-up Date: May 15, 2015