



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

TIME IN	11:12 am	TIME OUT	2:46 pm
DATE	April 6, 2015	PAGE	1 of 4

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: Walmart Supercenter #0037	OWNER: Walmart Stores, Inc.	PERSON IN CHARGE: Brenda Hand
ADDRESS: 707 Walton Drive	ESTABLISHMENT NUMBER: 2423	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)756-8448	FAX: (573)756-9134
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 checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" 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/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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed				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				<b>Highly Susceptible Populations</b>		
<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>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Chemical</b>		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source				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				<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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 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"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>					<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		<input checked="" type="checkbox"/>
<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 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"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Brenda Hand</i> Brenda Hand	Date: April 6, 2015
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947      EPHS No. 1390
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Walmart Supercenter #0037		ADDRESS 707 Walton Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, walk-in cooler, deli		40	Ambient, walk-in freezer, deli		0
Water, rethermolizer, deli		199, 202	Ambient, hot hold deli display case		144
Ambient, cold hold display case, deli		33,32, 32,30,32	Pasta salad, cold hold, deli		33
Ham salad, cold hold, deli		34	Ambient, walk-in freezer, bakery		18
Ambient, walk-in cooler, bakery		38	Ambient, walk-in produce cooler		42

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

	<p>TEMPERATURES: ambient, in degrees Fahrenheit:          LTC11A - 39 Bakery beverage coolers - 39, 41          LTC11B - 39          LTC11C - 38          LTC11D - 34          MTA1A - 39          MTA1B - 40          MTA8A - 39          MTA8B - 39          MTD5B - 34          MTD5A - 34          MTD6B - 40          MTD6A - 39          MTD8A - 29          MTD8B - 34          MTD8C - 38          MTD8D - 32          LTC12 - -2          MTD10B - 24</p>		
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

4-203.12B	<p>DELI:          A thermometer in the cold hold display case measured the ambient temperature at 50F, when the actual temperature was 32F. Thermometers shall be accurate to within +/- 2F. Please replace with an accurate thermometer that reads between 0 and 220F in two degree increments. CORRECTED ON SITE by replacing with an accurate thermometer</p>	COS	BH
4-203.12B	<p>A thermometer in cooler LTC-11D was inaccurate by approximately 6F. Please replace with a thermometer that is accurate within +/- 2F. CORRECTED ON SITE by replacing thermometer</p>	COS	
4-101.19	<p>PRODUCE:          Metal flashing was pulled loose around the frame of the walk-in cooler, exposing bare wood. Also, bare wood 2 x 4 was observed at the top of this frame (inside cooler). Wood shall be sealed where exposed to moisture or frequent cleaning. Please seal wood to prevent mold growth.</p>	5-10-15	
6-501.12A	<p>Plastic from crate covering was accumulating behind a rack in the walk-in cooler. Please keep cooler clean and free of litter. CORRECTED ON SITE by removing plastic</p>	COS	
6-202.15A	<p>STORE FRONT          An air gap was observed at the cart bay door. Outer openings shall be sealed to prevent pest entry. Please seal. CORRECTED ON SITE by readjusting brush to seal.</p>	COS	

EDUCATION PROVIDED OR COMMENTS

Note: Jon Peacock arrived to assist with the inspection at approximately 12:33 pm.

Person in Charge /Title:		Brenda Hand	Date:	April 6, 2015
Inspector:	<i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
			Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:	

*John Wiseman*  
 John Wiseman



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Ambient, meat walk-in cooler		38	Ambient, meat prep room 1		35
Ambient, meat prep room 2		37	Ambient, meat walk-in cooler		37

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
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3-302.11A	MEAT: Ground beef was stored above whole muscle beef in the meat prep room on the mobile rack. Food shall be stored to prevent cross contamination. Please store ground beef separately or below whole-muscle beef. CORRECTED ON SITE by placing ground beef below whole muscle meat.	COS	BA
3-302.11A	FRESH MEAT CASE: Ground turkey was observed stored above whole muscle turkey in the fresh meat case. Food shall be protected from cross contamination by storing comminuted raw meats below whole muscle meats. COS by rearranging.	COS	

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4-601.11C	Small amount of debris and ice in the bottom of the Reddy Ice machine in front of the store. Nonfood contact surfaces shall be cleaned as often as needed to keep clean. Please clean, CORRECTED ON SITE by cleaning.	COS	BH
6-501.12A	Debris observed beneath shelving in aisles 5 and 7. Physical facilities shall be cleaned as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	
6-501.12A	Debris observed beneath baby food shelving. Please clean as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	
6-202.15A	Daylight observed between the front GM entry doors. Outside entries shall be sealed to prevent pest entry. Please seal.	4-12-15	
5-202.12A	The hot water in the handwashing sinks in the back bathrooms did not stay hot (warm, then cold, then warm, then cold). Water shall be at least 100F in handwashing sinks.	4-8-15	
6-202.15A	STOCK ROOM: Daylight was observed at the top of the door at fire exit #9 in the stock room. A food establishment shall be protected from the entry of pests and insects by tight-fitting doors. Please seal the gap.	4-12-15	
6-202.15A	Daylight was observed at the top of the door at fire exit #6 in the GM back room. A food establishment shall be protected from the entry of pests and insects by tight-fitting doors. Please seal the opening to prevent potential pest entry.	4-12-15	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Brenda Hand</i> Brenda Hand		Date: April 6, 2015
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)-431-1947 (399)	EPHS No. Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:		

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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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NOTE: TEMPERATURES, ambient, in degree Fahrenheit  
 W/I Freezer #1 = 0, W/I Freezer #2 = 10 Dairy Cooler = 40,  
 A30=42 A31=41 LTC13E=41 LTC13F=40 LTC13A=42 LTC13B=37 LTC13C=42 LTC13D=41  
 MTA13C=39 MTA13D=38 MTA13E=42 MTA13F=35 MTA13A=37 MTA13B=37  
 YAHOO COOLER = 41 MTB7C=42 MTB7B=41 MTB7A=39 MTB6C=37 MTB6B=39  
 MTB6A=36 LTC11C=40 LTC11D=34 LTC11A=39 LTC11B=36 MTA1A=39 MTA1B=39  
 MTA8A=31 MTA8B=34 MTA2D=34 MTA2A=37 MTA2B=42 MTA2C=38 LTC10D=13  
 LTC10C=11 LTC10B=11 LTC10A=15 LTC10F=15 LTC10E=8 MTD1C=40 MTD1B=40  
 MTD1A=40 MTD2B=39 MTD2A=39 MTA9B=29 MTA9A=30 MTA10B=36 MTA10A=31  
 MTA11=31 LTC9A=37 LTC9F=39 LTC9E=33 LTC9D=39 LTC9C=36 LTC9B=37  
 LTC8D=17 LTC8C=10 LTC8B=4 LTC8A=12 LTC8F=17 LTC8E=16 LTC1A=3  
 LTC1B=11 LTC3B=12 LTC3A=17 MTA12=42 LTC20A=7 LTC20B=2 LTC20C=5 LTC20D=4  
 LTC21A=1 LTC21B=7 LTC21C=0 LTC21D=2 LTC17D=5 LTC19C=0 LTC19B=3  
 LTC19A=3 LTC18D=1 LTC18C=3 LTC18B=0 LTC18A=0 LTC16A=0 LTC16B=6 LTC16C=0  
 LTC17A=6 LTC17B=4 LTC17C=2 LTC23=1 LTC15C=0 LTC15B=0 LTC15A=0 LTC14D=0  
 LTC14C=0 LTC14B=0 LTC14A=3

Code Reference	CORE ITEMS	Correct by (date)	Initial
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EDUCATION PROVIDED OR COMMENTS

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Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date:

*John Wiseman*