



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

TIME IN	1:15 pm	TIME OUT	3:45 pm
DATE	July 20, 2017	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: C-Barn #5	OWNER: Ray Johnson	PERSON IN CHARGE: Nicole Wood
ADDRESS: 13 West Karsch Boulevard	ESTABLISHMENT NUMBER: 830	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)747-1205	FAX: none
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
ESTABLISHMENT TYPE: <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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		
	Employee Health			<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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		
	Good Hygienic Practices			<input type="checkbox"/> IN <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 type="checkbox"/> IN <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		<input checked="" type="checkbox"/>
	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 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				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 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 checked="" type="checkbox"/>				
<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		
		Food Temperature Control			<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>				Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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>Nicole Wood</i> Nicole Wood	Date: July 20, 2017		
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: June 27, 2017			



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

ESTABLISHMENT NAME C-Barn #5		ADDRESS 13 West Karsch Boulevard	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Ambient, sandwich hot hold case		155	Deli hot hold case: fish, chicken, ravioli
Chicken, deep fryer		184	Sauces in hot hold steamer unit
Ambient, Frigidaire freezer		10	Deli hot hold case: left side, right side
Ambient, 2-door cooler holding Oberle meat		40	Frigidaire cooler, ambient, cooked hamburger
Ambient, ice cream freezer		0	Cheese, in dispenser
			153

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
4-601.11A	KITCHEN AND DELI Food debris observed on an ice cream scoop, stored in canister on island work table. Food contact surfaces shall be clean to sight and touch. COS by taking to sink for cleaning and sanitizing.	COS	NW ↓
3-501.16A	The cream dispenser was not cooling. The cream had internal temperatures of 60F and 56F. The ambient temperature was 68F. Please dispose of cream in the dispenser and do not use until it is repaired and holds creamers at 41F or lower. NOTE: creamers were disposed and company was notified for repair. An "Out of Order" sign was placed on the machine.	6/22/17	
3-501.17A	The boxes of creamer, stored in the dispenser, were not labeled with the date of disposition. Ready-to-eat, potentially hazardous food that is held more than 24 hours shall be labeled with the date of disposition, which is the day of opening, or preparing, plus an additional six days. Please label cream on the boxes when it is placed in dispenser.	6/22/17	
3-501.19	According to staff, water used to dip chicken before coating is changed daily. Please change water a minimum of every four hours to reduce bacterial growth in the water. COS by discussion with staff	COS	
3-501.16A	WALK-IN COOLER The ambient temperature of the cooler was 52F; the temperature of milk in the cooler was 52F. Please mark for disposal all potentially hazardous food (PHF) held in this unit (milk and sausage); please place hard cheeses in a cooler that holds at 41F or lower. Do not place PHFs in this unit until it reliably holds food at 41F or lower. Please monitor temperatures of coolers at least every four hours. NOTE: PHFs held in this unit were voluntarily discarded. A repairman was called and will be on-site tomorrow.	6/22/17	

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
4-203.12B	KITCHEN AND DELI The thermometer in the hot hold sandwich display case measured from 150F to 550F. Please install an accurate thermometer that reads from 0 to 220F in two degree increments, as temperatures shall be accurate to within two degrees.	6/22/17	NW ↓
NOTE	Cut lettuce and cut tomatoes are stored in a customer self-service container in an ice bath. The ice bath did not touch the bottom of the food holders. Please add enough ice and water to fill around sides of food holders to ensure top of food is held at 41F or lower. NOTE: there were no PHFs in the unit during this visit.		
6-501.11	Some coving was missing or pulled loose, some damage to wall, and the wall was dirty on the east entry into the kitchen. Please repair and clean coving and wall.	6/27/17	
5-501.116	The trash cans in the beverage dispensing cabinets were dirty. Trash cans shall be cleaned at a frequency to prevent pest attraction. Please clean all surfaces of trash cans when emptied.	6/27/17	
6-202.15A	RETAIL Daylight observed between the east and south entry doors. Please seal to reduce pest entry points.	6/27/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Nicole Wood</i> Nicole Wood	Date: July 20, 2017
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: June 27, 2017	



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

ESTABLISHMENT NAME C-Barn #5		ADDRESS 13 West Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, walk-in freezer		28			

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

7-201.11B	STORE ROOM Paint was stored on a shelf touching single-use items. Chemicals shall be stored separately from or below single-use items. Please remove paint from facility or store to prevent contamination of single-use items, food, clean linens, and clean equipment.	6/21/17	NW
-----------	--	---------	----

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	WALK-IN COOLER Debris/mold observed on several of the plastic shelf liners. Please clean and sanitize shelf liners as often as needed to prevent mold growth.	6/27/17	NW ↓ ✓
4-101.19	Cardboard was used to line several shelves. Debris and mold observed on the cardboard. Surfaces that require frequent cleaning or that are exposed to moisture shall be nonabsorbent and cleanable. Please discard cardboard shelf liners.	6/21/17	
3-305.11A	Coffee Mate dispenser creamer was stored on the floor. Food that is not in impermeable packaging shall be stored a minimum of six inches off floor. Please elevate boxes of creamer.	6/21/17	
6-501.12A	Accumulation of debris observed under shelving. Please clean floor as often as needed to keep clean.	6/27/17	
4-903.11A	STORE ROOM Boxes of single-use cups were stored on the floor. Single use items shall be stored a minimum of six inches off floor. Please elevate boxes off floor.	6/21/17	
6-501.18	The mop sink was dirty. Sinks shall be kept clean. Please clean all surfaces of sink as often as needed to keep clean.	6/21/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Nichell Wood</i>	Nicole Wood	Date: July 20, 2017
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: June 27, 2017



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

ESTABLISHMENT NAME C-Barn #5	ADDRESS 13 West Karsch Boulevard	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
----------------	--	-------------------	---------

--	--	--	--

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

6-501.114A and B	OUTSIDE PREMISES An accumulation of unused equipment, empty boxes, and woody vegetation observed in the back of the building. Outside areas shall be free of unused equipment, litter, and woody vegetation. Please remove or dispose of unused equipment and clean area of debris and woody vegetation.	6/27/17	
6-202.15A	Holes were observed in the soffit where gas pipes, HVAC pipes, and guttering entered. Also, wood was damaged in the northwest corner that opened a hole for entry of pests. Please seal holes.	6/27/17	
5-501.113	The dumpster lids were open on both the trash and recyclables dumpsters. Lids shall be kept closed to reduce pest attraction. Please keep lids closed.	6/20/17	
5-502.11	The recyclables dumpster was overflowing, with boxes stored on the ground. Trash shall be held inside pest-proof, lidded containers. Please have recyclables dumpster emptied at a frequency that prevents overflow.	6/27/17	

EDUCATION PROVIDED OR COMMENTS			

Person in Charge /Title: <i>Nicole Wood</i>	Nicole Wood	Date: July 20, 2017
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: June 27, 2017