



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

TIME IN	10:09 am	TIME OUT	12:30 pm
DATE	Jan. 10, 2018	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: BOGO Sandwich Shop		OWNER: Doug Thomas	PERSON IN CHARGE: Doug Thomas	
ADDRESS: 12 South Jackson		ESTABLISHMENT NUMBER: 4732	COUNTY: St. Francois	
CITY/ZIP: Farmington 63640		PHONE: (573)454-2646	FAX: (573)454-2625	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 type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS				
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 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"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input checked="" 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"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" 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"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input 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"/> NO <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input type="checkbox"/> IN <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"/> IN <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
<input checked="" type="checkbox"/> IN <input 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"/> YES <input 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"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input 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 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				<input checked="" type="checkbox"/>	<b>Utensils, Equipment and Vending</b>		
<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		
		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>				<input checked="" type="checkbox"/>	<b>Physical Facilities</b>		
<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 checked="" 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>Doug Thomas</i> Doug Thomas		Date: January 10, 2018	
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: Jan. 31, 2018



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 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME BOGO Sandwich Shop		ADDRESS 12 South Jackson		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chicken, in buffalo chicken, from raw		189	2-door glass front cooler: ambient, roast beef, ham		40, 41, 42
Chili, crock hot hold		163	Prep cooler top: tomatoes, ham, turkey		41, 41, 42
Frigidaire freezer, ambient		10	Prep cooler, bottom: ambient		40
			Beverage cooler in dining room, ambient		40

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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NOTES	<b>PRIORITY ITEMS</b> 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
8-301.11B	This facility expanded into the area adjacent to it by cutting windows and doors between the two facilities and expanding the kitchen into the previous waiting/ordering area without consulting with this office. Sinks were not moved and are adequate with the new arrangement. Extensive renovations to food facilities that include building additions shall be pre-approved by this office.		DT
8-404.11A	Mr. Thomas stated that this facility had an incident with smoke damage from a cooking appliance. Major cleaning and replacement of ceiling tile were necessary, and some food had to be discarded. An operator of a food facility shall immediately discontinue operations and notify the regulatory authority of an imminent health hazard may exist because of an emergency such as a fire, flood, interruption of electrical or water service, sewage backup, or other circumstance that may endanger public health. A hazard is a biological, chemical, or physical property that may cause an unacceptable consumer health risk. Please notify this office when hazards such as fire, smoke, sewage backup, water main breaks, etc. occurs.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
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	<b>CORE ITEMS</b> Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
6-301.11	There was no soap at the handwashing sink and no handwashing sign in the service area. Soap shall be available at all times and a sign posted to remind staff to wash hands. Please supply soap and install sign.	1/10/18	DT
6-301.14	Two knives were stored on the edge of the handwashing sink. Handwashing sinks shall be used only for handwashing, and equipment shall be protected from contamination. Please do not store knives on sink where they can be contaminated from splash.	1/10/18	
5-205.11B	One prep cooler was not functional. There was no food inside this unit. According to owner, this cooler is scheduled to be serviced today. Please do not use this unit until it reliably holds food at 41F or lower.	1/31/18	
4-903.11A	The floor covering in the elevated sandwich making area was torn, missing, and deteriorating and torn in other places. Flooring shall be smooth, nonabsorbent, and cleanable. Please replace or repair this flooring.	1/31/18	
4-501.11A	There was not a thermometer in the bottom of the prep cooler that was in use. Coolers shall have an accurate thermometer located in a convenient-to-read location in the warmest part of the cooler. Please install a thermometer.	1/11/18	
6-501.11	There was no soap or paper towels at the handwashing sink in the warewashing room. Handwashing sinks shall be supplied with soap and paper towels through a dispenser at all times. Please keep the sink supplied with soap and towels.	1/10/18	
4-204.112A	The employee toilet was dirty on all surfaces. Toilets shall be kept clean. Please clean all surfaces of the toilet as often as needed to keep clean.	1/10/18	
6-301.11	The door on the employee bathroom did not self-close. Bathroom doors shall be fully self-closing. Please install a device to make this door self-closing.	1/31/18	
6-301.12			
6-501.12A			

EDUCATION PROVIDED OR COMMENTS

A line — through an item on page one indicates it is not applicable.

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	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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
7-102.11	A spray bottle containing a blue liquid, stored in the cabinet below the handwashing sink, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottle.	1/10/18	DT
3-501.17A, B	Deli meat that was not in its original packaging, stored in the 2-door glass cooler, was not labeled with the date of disposition. Potentially hazardous food that is held more than 24 hours will be labeled with a 7-day disposition date, which is the day of opening or preparation plus an additional six days. Please label all food that requires a disposition date.	1/10/18	
2-301.14A	Staff were observed putting on gloves without first washing their hands. Please educate all staff of the importance of washing hands and when to wash hands.	1/10/18	
4-501.114A	Non-splash bleach was observed in the cabinet below the handwashing sink in the warewashing area. Non-splash bleach is not approved for use in preparation of sanitizing solutions. Please use only regular, unscented bleach to prepare sanitizer solutions.	1/11/18	

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4-204.112A	A thermometer was not found inside the Frigidaire freezer. Thermometers shall be installed in a convenient-to-read location in the warmest part (front) of the freezer. Please install an accurate thermometer.	1/11/18	DT
6-202.15A	The back entry door in the dining area did not self-close. Outside entries shall be fully self-closing and sealed. Please install a device to make this door self-closing.	1/31/18	
6-301.14	There was no handwashing sign in the customer bathroom. Please install a sign to remind users to wash their hands.	1/11/18	
5-202.12A	There was no hot water at the handwashing sink in the customer bathroom. This is plumbed with an on-demand system. Please repair or replace to provide hot water (minimum 100F) to this sink.	1/12/18	
6-101.11A	Wood 2 x 4's were used as baseboards, for framing around doors and windows, and as supports. The wood was not sealed. Surfaces that are exposed to moisture (example, mopping and cleaning) shall be smooth, nonabsorbent, and easily cleanable. Please seal the wood.	1/31/18	
6-201.13A	Wood 2 x 4's were used as coving (baseboards) between the wall and floor. Gaps were observed between the junctures of the wood and between the floor and wall. The floor and wall junctures shall be coved and closed to no larger than one thirty-second inch (1/32"). Please seal openings or replace with a close-fitting coving to prevent debris buildup in gaps.	1/31/18	
6-501.114A B	There was an accumulation of material left from the renovation, leaves, some trash, and other items in the back of the building. Premises shall be free of items that are unnecessary to the operation or maintenance of the establishment and kept clean of litter. Please remove items to reduce pest harborage areas.	1/31/18	

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