



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

| | | | |
|---------|---------------|----------|---------|
| TIME IN | 12:47 pm | TIME OUT | 3:02 pm |
| DATE | April 2, 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.

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| ESTABLISHMENT NAME: Arby's | OWNER: United States Beef Corporation | PERSON IN CHARGE: Clarissa Gould |
| ADDRESS: 559 West Karsch Boulevard | ESTABLISHMENT NUMBER: 4583 | COUNTY: St. Francois |
| CITY/ZIP: Farmington 63640 | PHONE: (573)747-0074 | FAX: (573)344-0895 |
| 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 type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS | | |
| FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-17273, exp. 3/31/18 | 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 N/O N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input checked="" type="checkbox"/> OUT N/O 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 N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | <input checked="" type="checkbox"/> OUT N/O N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT 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 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 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 N/A | Food separated and protected | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> OUT 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 checked="" 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 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 | | | | | 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 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 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 | | |

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| Person in Charge /Title: <i>Clarissa Gould</i> Clarissa Gould | Date: April 2, 2018 |
| Inspector: <i>Rose Mier</i> Rose Mier | Telephone No. (573)431-1947 |
| EPHS No. 1390 | Follow-up: Follow-up Date: April 9, 2018 |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



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| ESTABLISHMENT NAME Arby's | | ADDRESS 559 West Karsch Boulevard | CITY /ZIP Farmington 63640 |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION |
| Walk-in freezer, ambient | | 16 | Walk-in cooler: ambient, shake mix, beef |
| Chicken, APW Wyatt hot hold drawer | | 123** | Market Fresh prep cooler, top: beef, turkey, cut tomatoes |
| Cheese in dispenser | | 141 | Market Fresh prep cooler, bottom: ambient, pepperoni, sa |
| Hot hold cabinet: ambient, au jus | | 130, 142 | Specialty prep cooler, top: lettuce, beef |
| Bev Aire freezer, ambient | | 18 | Specialty prep cooler, bottom: ambient, pepperoni |

| 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. | | |
| 4-703.11C | Metal food containers were sitting in sanitizer in the 3-vat sink. Some of the equipment was not submerged in the sanitizer. Equipment shall be fully submerged. Please ensure all equipment is fully submerged for the a minimum of 30 seconds during the sanitizing step. COS by discussion and submerging equipment. | COS | CG ↓ |
| 4-601.11A | Debris observed inside the Wittco mobile holding cabinet, stored below the 3-vat sink. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize, and air dry the cabinet after each use. | 4/5/18 | |
| 4-601.11A | Debris observed on the meat/cheese slicer, stored on the table in the warewashing room. Food contact surfaces shall be cleaned after use, or at a minimum of every four hours if in continual use. CORRECTED ON SITE by cleaning and sanitizing slicer. | COS | |
| NOTE | **Note: the chicken in the APW Wyatt hot hold drawer was 123F. The ambient temperature of the drawer was F. The chicken and fish that are held hot in this drawer are held by time for no more than 1 hour. The thermostat was increased and the final ambient temperature was 155F. The fish and chicken were voluntarily discarded. | | |
| 3-501.16A | The ambient temperature of the hot hold cabinet was 130F. Food shall be held at 135F or higher. The food held in this unit was heated prior to placing in the unit and had temperatures greater than 135F. NOTE: the thermostat was adjusted to 160F during this visit. The final ambient temperature was 140F. | 4/3/18 | |
| 4-501.114A | There was no sanitizer detected in the sanitizing water in the 3-vat sink. Sanitizer shall be between 200 and 400 ppm. CORRECTED ON SITE by replacing the empty sanitizer container and refilling sink. | COS | |
| 4-501.114A | There was no sanitizer detected in the bucket of sanitizer in the cook line. Please use test strips to ensure sanitizer concentration is correct. COS by replacing sanitizer | COS | |

| 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. | | |
| 6-501.12A | Accumulation of debris observed on the floor in the back storage area (area near the back entry door). Facility shall be clean. Please clean floor. | 4/9/18 | CG ↓ |
| 5-205.15B | A leak was observed under the prep sink, located across from the 3-vat sink. Plumbing shall be maintained in good repair. Please repair leak. | 4/9/18 | |
| 4-601.11C | Accumulation of debris observed in the creases of the top door seal on the Market Fresh prep cooler. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean seal. | 4/9/18 | |
| 4-601.11C | The door seals on the Specialty prep cooler were observed with a black debris on them, possibly mold. Please clean and sanitize as often as needed to keep clean and reduce mold growth. | 4/9/18 | |
| 4-601.11C | Debris observed on the inside of the APW Wyatt hot hold drawer, and on the shelves above the drawer. Please clean the shelves and drawer as often as needed to keep clean. | 4/3/18 | |
| 4-501.11B | The thermostat knob was missing on the APW Wyatt hot hold drawer. Equipment shall be maintained in good repair. Please replace the knob or unit to provide a numerical means for setting the thermostat. | 4/9/18 | |
| 4-203.12A | The thermometer inside the hot hold cabinet was graduated in five degree increments. Thermometers shall be accurate to within two degrees Fahrenheit. Please install a thermometer that reads from 0 to 220F in two degree increments. | 4/9/18 | |
| 4-601.11C | Accumulation of debris observed on the step stool by the shake maker. Please clean entire step stool as often as needed to keep clean. | 4/9/18 | |
| 6-501.12A | Accumulation of debris observed beneath equipment in the drive-up window area. Please clean floor. | 4/9/18 | |

EDUCATION PROVIDED OR COMMENTS

NOTE: a line through an item on page 1 indicates the item was not observed.

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| 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: April 9, 2018 |



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| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| 1/2 size Hoshizki freezer, ambient | | 18 | | | |
| Shake mix in hopper | | 32 | | | |
| Fish, deep fryer | | 172 | | | |
| Cooler in service area, ambient | | 30 | | | |

| 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 |
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|-----------------------|---|--------|----|
| 4-601.11A NOTE | Mold was observed on the white deflector in side the ice maker. Nonfood contact surfaces shall be clean to sight and touch. Please discard ice, wash, rinse, sanitize, and air dry before returning to service. | 4/3/18 | LG |
| | The frozen dessert license expired March 31, 2018. A license is required for preparing frozen ice cream desserts. Please obtain a new license. | 4/9/18 | |

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