



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

TIME IN	7:56 am	TIME OUT	9:34 am
DATE	May 2, 2018	PAGE	1 of 2

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: Holiday Inn Express Breakfast Bar		OWNER: Premiere Management		PERSON IN CHARGE: Becky Franklin	
ADDRESS: 820 Market Street			ESTABLISHMENT NUMBER: 4618		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)701-0505		FAX: (573)701-0506	
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 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 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 type="checkbox"/> N/O <input checked="" 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> QUIT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		<input checked="" type="checkbox"/>
	<b>Good Hygienic Practices</b>			<input checked="" 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"/> QUIT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<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				<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>				<b>Chemical</b>		
<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"/> QUIT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>					<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Becky Franklin</i> Becky Franklin		Date: May 2, 2018	
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 Holiday Inn Express Breakfast Bar		ADDRESS 820 Market Street	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Batter, in pancake cooker	78	Refrigerator/service area: ambient, egg	41, 40
Apple juice, dispenser	41	Hot hold/Service area: turkey sausage, scrambled eggs	127, 132
Sausage, egg omelet on counter	32, 30	Hot hold/service area: egg white omelet, pork sausage	126, 132
Hot hold in oven: gravy, egg white omelet	198, 149	Hot hold/service area: gravy	144
Estate refrigerator/freezer: ambient, eggs	30/10, 42	Frigidaire refrigerator/freezer: ambient, ham	41/10, 42

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
NOTE 3-501.16A	The pancake batter in the top of the pancake cooker had a temperature of 78F. According to package directions, dry powder is mixed with water at 72F, then the bag is placed into the unit. According to manager, the unit holds the batter around 72F; any unused portion is discarded at the end of the breakfast period. The ingredient label listed egg and milk, but there were no labeling instructions indicating the mixed batter should be held at 135F or higher, or at 41F or lower. The company was consulted concerning whether this batter has been tested to be shelf stable. Challenge tests indicate it is shelf stable for 8 hours.		
3-501.16A	Food held hot on the service counter had temperatures less than 135F (turkey sausage 127, scrambled eggs 132, egg white omelet 126, pork sausage 132. Food shall be held hot at 135F or higher. Please use Time as a Public Health Control for foods held in this unit. Label or log food placed in this unit with a 4-hour discard date, and discard any food left after four hours. NOTE: according to manager, food is placed in this unit at approximately 6:00 am; any food left in this unit is discarded at 9:30 am. CORRECTED ON SITE by placing the food in this unit on Time as a Public Health Control.	COS	
3-501.17A	Some of the food in the Frigidaire refrigerator was labeled with an 8-day discard day. Potentially hazardous food that is held more than 24 hours shall be labeled with a 7-day discard date, which is the day of opening or preparing plus an additional six days. CORRECTED ON SITE by labeling with correct date.	COS	
7-201.11A	Hand sanitizer was stored on top of the oven. Chemicals shall be stored where food, single use items, clean linens, and clean equipment cannot be contaminated. Please store sanitizer separately from or below food and food-related items. CORRECTED ON SITE by moving sanitizer.	COS	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
NOTE	According to manager, this kitchen will receive new equipment, including an oven connected to water and a new coffee brewer. Please ensure each piece of equipment that is connected to potable water has an American Society of Sanitary Engineering (ASSE) rated backflow preventer installed on the water inlet line into the equipment in a location that is observable with the ASSE engraving facing the outward. It is understood some food will be cooked from the raw state; this may change the priority of this facility, increasing the frequency of inspections. Please contact this office prior to beginning remodeling, and after the equipment has been installed.		
NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Units located in employee break room: Frigidaire refrigerator: ambient 32, ham 38; Frigidaire freezer, ambient 0; Woods freezer, ambient 5		
4-601.11C	Debris was observed in some of the cabinets in the service area. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean all cabinets with debris in them.	5/2/18	gr 7 /
4-101.19	A towel was used to drain equipment after cleaning. Surfaces that are exposed to moisture shall be nonabsorbent. Please do not use toweling to drain equipment.	5/2/18	
6-301.12	Paper towels were not in the dispenser at the handwashing sink. Paper towels shall be dispensed in a sanitary manner. Please keep towels in the dispenser.	5/2/18	
3-305.11A	A box of apples was stored on the floor in the kitchen. Food shall be stored a minimum of six inches off the floor. Please elevate the box off the floor.	5/2/18	

EDUCATION PROVIDED OR COMMENTS

NOTE: A line through an item on page one indicates the item is not applicable or was not observed.

Person in Charge /Title: <i>Becky Franklin</i> Becky Franklin	Date: May 2, 2018
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: