



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

TIME IN	11:48 am	TIME OUT	2:40 pm
DATE	May 30, 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: KFC	OWNER: AMPEX Brands	PERSON IN CHARGE: Lori Smith, manager
ADDRESS: 627 Walmart Drive	ESTABLISHMENT NUMBER: 0832	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: 573.756.5765	FAX: 573.756.5765
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" 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 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 N/O N/A	Proper cooking, time and temperature		
Employee Health							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			IN OUT N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> N/A	Chemical		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected			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			
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/> N/A	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
IN	OUT	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" 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		
IN	OUT	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Lori Smith</i>	Lori Smith, manager	Date: May 30, 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: June 14, 2018



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

ESTABLISHMENT NAME KFC		ADDRESS 627 Walmart Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Traulsen freezer, ambient (defrost cycle)		20	Hot hold cabinets, ambient		190,190,180,180
Ambient, cooler in drive-up		40	Hot hold cabinets: chicken, potatoes and gravy, gravy		169,152,168,162
Hot hold cabinet: ambient, corn		168, 169	Cold hold/prep table: slaw, cheese, ambient		36, 37, 40
Chicken, deep fryer		211, 211, 173	Cooler/prep line: slaw, slaw, ambient		45, 45, 49
Walk-in cooler: ambient, g. beans, pot pie		38, 39, 38	Hot hold/prep table: corn, gravy, potatoes		168, 165, 162

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.**

NOTES	This routine inspection was in response to a complaint and possible food-borne illness received in this office on May 29, 2018. The following observations were made that address the alleged violations: A) A sanitizer bucket was observed in the washing vat of the 3-vat sink (complaint stated the buckets were not washed between filling) B) Staff were observed washing hands at appropriate times C) The facility was generally clean D) An employee illness policy is posted in the office. According to manager, all staff are verbally trained on employee illness policy. E) According to manager, she did not hear of problems concerning behavior that put food-safety at risk while she was out, and she did not observe food-safety risk behavior after her return. F) According to manager, staff who cook and prepare chicken do not work at the drive-up window. G) There was no bare-hand contact with ready-to eat foods observed during this visit. In summary, there were no observations made during this visit to confirm the complaint allegations.		
4-601.11A	Food debris was observed on the front shaft area of the mixer, posing a risk of contamination from food falling into freshly mixed food. Please wash, rinse, and sanitize all parts of mixer after use.	5/30/18	LS
4-703.11C	Equipment was observed soaking in sanitizer but was not submerged. Equipment shall be fully submerged in sanitizer for the amount of time specified by manufacturer of the sanitizer (1 minute). Please submerge equipment; for equipment that is too large, submerge half for 1 minute, then submerge other half.	5/30/18	

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.**

4-903.11A	Ice and water were dripping onto food packages in the Traulsen freezer. Food shall be protected from contamination from liquid or frost. Please remove food from beneath the drippage or protect from drippage with a collection container; please repair freezer to prevent drippage.	6/14/18	LS
4-204.112A	Thermometers were not found in several of the hot hold cabinets and cold-hold units. Please install accurate thermometers in a location that makes it easy to monitor inside of each hot hold and cold hold cabinet.	6/1/18	
4-501.14B	Dried food debris was observed on the sprayer handle area at the 3-vat sink. Warewashing equipment shall be cleaned at least daily, more often if needed to keep clean. Please clean sprayer nozzle.	5/30/18	
4-901.11A	Trays were observed wet-nested on the clean equipment rack across from the 3-vat sink. Equipment shall be air dried before storing nested. Please allow air space between trays while drying.	5/30/18	
3-305.11A	Boxes of food were stored on the floor in the walk-in freezer. Food shall be stored a minimum of six inches off the floor.	5/30/18	

EDUCATION PROVIDED OR COMMENTS

NOTES: sanitizer concentration measured at 200 ppm in buckets and at 3-vat sink
 A line drawn through an item on page one indicates the item is not applicable or was not observed.

Person in Charge /Title:		Lori Smith, manager	Date:	May 30, 2018
Inspector:		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 14, 2018



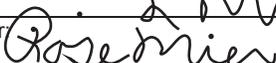
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ESTABLISHMENT NAME KFC		ADDRESS 627 Walmart Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION Walk-in freezer, ambient		TEMP. in ° F 15	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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
3-501.16A	The ambient temperature of the cooler labeled "large cole slaw" was 49F; slaw held in the cooler was 45F. Food shall be held at 41F or lower. Please move the slaw to a cooler that holds at 41F or lower, or discard. Do not use the cooler until it is repaired and reliably holds food at 41F or lower. NOTE: slaw and cheese were moved to the walk-in cooler. A work order was submitted during this visit.	6/1/18	LS
5-203.14B	A leak was observed in the hose bibb vacuum breaker (the backflow prevention device) attached between the water line and the chemical dispenser at the 3-vat sink. The device does not function correctly. Please replace device with an American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker.	6/14/18	
5-203.14B	A leak was observed in the hose bibb vacuum breaker attached between the water line and the chemical dispenser at the mop sink, indicating it is not functioning correctly. Please replace, as designated above. NOTE: the type of hose bibb vacuum breakers attached on these water lines are not rated for continuous pressure and will fail. Please replace with another hose bibb vacuum breaker when leaking, or replace with a different type of ASSE rated backflow prevention device that is appropriate for continuous pressure. and for this type of application.	6/14/18	
4-202.11A	The tub used for breeding was observed cracked. Food equipment shall be free of breaks and imperfections. Please replace tub.	6/14/18	
4-601.11A	Trays used to serve customer food were observed rinsed clean with water, then wiped with a sanitizer cloth. Because these trays can be contaminated by customers and/or food, they are required to be washed, rinsed, and sanitized after each use. CORRECTED ON SITE by discussion with staff and manager.	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). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-602.11E	A dead fly and debris was observed in the container holding the ice scoop, and a dead spider was observed in the tray onto which the ice bucket drained. In-use utensils and buckets, and the surface on which they are stored, shall be washed, rinsed, and sanitized at least daily.	5/30/18	LS
6-501.12A	Debris was observed on the condenser unit housing inside the walk-in cooler. Please clean as often as needed to prevent debris from falling or blowing on food.	6/14/18	
6-501.11	Coving tile was observed missing on the inside of the walk-in cooler. Facility shall be maintained in good repair, and floor/wall junctures shall be sealed with coving to allow effective cleaning. Please repair.	6/14/18	
6-302.11	There were no dispensers for toilet paper in the bathrooms. Toilet paper shall be dispensed in a sanitary manner. Please install dispensers in both bathrooms. NOTE: the dispensers are on order.	6/14/18	

EDUCATION PROVIDED OR COMMENTS

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