



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

|         |               |          |         |
|---------|---------------|----------|---------|
| TIME IN | 1:37 pm       | TIME OUT | 2:10 pm |
| DATE    | July 31, 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:<br>C-Barn #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OWNER:<br>Ray and Jim Johnson                                                                  | PERSON IN CHARGE:<br>Tosha House, manager                                                                                                                                   |
| ADDRESS:<br>154 Parkway Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ESTABLISHMENT NUMBER:<br>4556                                                                  | COUNTY:<br>St. Francois                                                                                                                                                     |
| CITY/ZIP:<br>Park Hills 63601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE:<br>573.431.6767                                                                         | FAX:<br>573.431.6969                                                                                                                                                        |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up #2 <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                              |                                                                                                | P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L                                                                 |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD |                                                                                                |                                                                                                                                                                             |
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                                                                                                                                                                                            | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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 checked="" type="checkbox"/> NO <input 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"/> NO <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"/> NO <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 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 type="checkbox"/> NO <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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 type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                                                                                                                                                                   | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>                                                                                      |                                                                                             |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                                                                                                                                                                               | <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"/> NO <input checked="" type="checkbox"/> N/A                                                                                                                                                                   | Pasteurized foods used, prohibited foods not offered        |     |   |
| <b>Approved Source</b>                                                                                                        |                                                                                             |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                                                                                                                                                                                               | <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                                                                                                                                                                                            | Toxic substances properly identified, stored and used       |     |   |
| <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.<br>IN = in compliance                      OUT = not in compliance<br>N/A = not applicable                      N/O = not observed<br>COS=Corrected On Site                      R=Repeat Item |                                                             |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                                                          | Food separated and protected                                                                |     |   |                                                                                                                                                                                                                                                                                                |                                                             |     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                                                          | Food-contact surfaces cleaned & sanitized                                                   |     |   |                                                                                                                                                                                                                                                                                                |                                                             |     |   |
| <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                                                                                 | COS | R | IN                                                                             | OUT                                                                                   | COS | R                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|---|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|-------------------------------------|
| <b>Safe Food and Water</b>                                          |                                                                                     |     |   | <b>Proper Use of Utensils</b>                                                  |                                                                                       |     |                                     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT            | Pasteurized eggs used where required                                                |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | In-use utensils: properly stored                                                      |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Water and ice from approved source                                                  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Utensils, equipment and linens: properly stored, dried, handled                       |     |                                     |
| <b>Food Temperature Control</b>                                     |                                                                                     |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Single-use/single-service articles: properly stored, used                             |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Adequate equipment for temperature control                                          |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Gloves used properly                                                                  |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Approved thawing methods used                                                       |     |   | <b>Utensils, Equipment and Vending</b>                                         |                                                                                       |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Thermometers provided and accurate                                                  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |                                     |
| <b>Food Identification</b>                                          |                                                                                     |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Warewashing facilities: installed, maintained, used; test strips used                 |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food properly labeled; original container                                           |     |   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT            | Nonfood-contact surfaces clean                                                        |     | <input checked="" type="checkbox"/> |
| <b>Prevention of Food Contamination</b>                             |                                                                                     |     |   | <b>Physical Facilities</b>                                                     |                                                                                       |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Insects, rodents, and animals not present                                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Hot and cold water available; adequate pressure                                       |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Plumbing installed; proper backflow devices                                           |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Sewage and wastewater properly disposed                                               |     |                                     |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Wiping cloths: properly used and stored                                             |     |   | <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Toilet facilities: properly constructed, supplied, cleaned                            |     | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Fruits and vegetables washed before use                                             |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Garbage/refuse properly disposed; facilities maintained                               |     |                                     |
|                                                                     |                                                                                     |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT            | Physical facilities installed, maintained, and clean                                  |     |                                     |

|                                                                                |                                             |
|--------------------------------------------------------------------------------|---------------------------------------------|
| Person in Charge /Title:<br><i>Tosha House, manager</i>                        | Date:<br>July 31, 2018                      |
| Inspector:<br><i>Rose Mier</i>                                                 | 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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|---------------------------------|--|------------------------------|-----------------------------------------------|-------------------------------|--------------|
| ESTABLISHMENT NAME<br>C-Barn #4 |  | ADDRESS<br>154 Parkway Drive |                                               | CITY /ZIP<br>Park Hills 63601 |              |
| FOOD PRODUCT/LOCATION           |  | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION                        |                               | TEMP. in ° F |
|                                 |  |                              | No temperatures were taken during this visit. |                               |              |
|                                 |  |                              |                                               |                               |              |
|                                 |  |                              |                                               |                               |              |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

|      |                                                                                                                                                                                                                                                                                                                                                              |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NOTE | <p>A follow-up for a complaint concerning the soda dispenser nozzles was completed during this visit. The complaint has been abated. Please continue to clean the ice chutes, dispenser heads, and housing around the nozzles daily on the soda dispensers.</p> <p>All priority items noted on the July 10, 2018 routine inspection have been corrected.</p> |  |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

|           |                                                                                                                                                                                                                                                                                                                 |        |    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
| 4-601.11C | The cutting board on the pizza prep cooler was deeply grooved. Food contact surfaces shall be free of imperfections and easily cleanable. Please resurface or replace the cutting board. NOTE: according to manager, this prep cooler is to be removed from the facility. Please do not use this cutting board. | 8-5-18 | JM |
| 4-501.11A | The pizza prep cooler was not in use, as it was observed to be out of temperature during the routine inspection (48F). Potentially hazardous food shall be held at 41F or lower. NOTE: According to manager, th                                                                                                 | ↓      |    |
| 4-501.11A | The paper towel dispenser at the kitchen handwashing sink was held together with tape. Tape is not an acceptable repair. Please replace the dispenser. NOTE: According to manager, this dispenser is to be replaced.                                                                                            |        |    |
| 6-501.12A | The tile facing on the left side sink in the men's bathroom was coated with black grime. Please clean all grime off tiles and clean frequently to prevent build-up.                                                                                                                                             |        |    |
| 6-501.14A | Debris observed on the covers over the condenser fans in the walk-in cooler. Please clean covers as often as needed to keep clean to prevent contamination from blowing debris.                                                                                                                                 |        |    |

**EDUCATION PROVIDED OR COMMENTS**

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

|                                                      |           |                                                                                                                                                   |
|------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Person in Charge /Title: <u>Tosha House, manager</u> |           | Date: July 31, 2018                                                                                                                               |
| Inspector: <u>Rose Mier</u>                          | Rose Mier | Telephone No. (573)431-1947<br>EPHS No. 1390<br>Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: |