



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

TIME IN	9:06 am	TIME OUT	11:25 am
DATE	Sept. 5, 2018	PAGE	1 of 4

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: Burger King #6301	OWNER: Mid America Hotels	PERSON IN CHARGE: Shawn Curtin
ADDRESS: 521 Karsch Boulevard	ESTABLISHMENT NUMBER: 2388	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-6947	FAX: (573)756-4974
PURPOSE <input type="checkbox"/> Pre-opening <input 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. 187-15388, exp. 7-31-18		WATER SUPPLY <input checked="" type="checkbox"/> PUBLIC <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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <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"/> OUT <input type="checkbox"/> N/O <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<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				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						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" 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						

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

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		
		Food Temperature Control				<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input type="checkbox"/>	<input checked="" 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>Shawn Curtin</i>	Shawn Curtin	Date:	September 5, 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:	Sept. 21, 2018



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ESTABLISHMENT NAME Burger King #6301		ADDRESS 521 Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	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
4-601.11A	DINING/BATHROOM AREAS Debris observed on three high chairs stored in the dining room and play room. Please wash, rinse, and sanitize all surfaces of high chairs after each use.	9/5/18	S
3-302.11A	Fruit flies were numerous in the customer beverage area, especially on soda nozzles and catsup dispenser. Fruit flies are attracted to sugar. Please keep all drains, nozzles, dispensers, and trash cans clean. Use approved methods for control of flies.	9/6/18	
4-601.11A	Hard-water deposit build-up was observed on the both the water nozzles at the beverage station, and debris accumulation observed on the handle of one of the water dispensers. These surfaces are not able to be effectively cleaned and sanitized. Please remove deposits; wash, rinse, and sanitize nozzles and handles at least daily.	9/6/18	

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
4-601.11C	DINING/BATHROOM AREAS Debris observed on the diaper changing stations in both customer bathrooms. Please wash, rinse, and sanitize changing stations each time bathrooms are cleaned.	9/5/18	S
6-501.12A	Food and other debris observed on the floor of the play room. Floors shall be cleaned at a frequency to prevent debris accumulation and reduce pest attraction. Please keep floor clean in the play area.	9/5/18	
6-501.12A	An objectionable odor was observed in the play room. Please determine source of odor and clean.	9/5/18	
4-903.12A	A box of single-use cups were stored beneath a leaking line in the cabinet below the soda dispenser. Liquid was pooled on top of the cup sleeves. Single-use items shall not be stored beneath unshielded drains, and shall be protected while in storage. Please discard box of soiled cups and remove all single-use items from under unprotected drains in these cabinets.	9/5/18	
4-601.11C	The bottom of the cabinets below the soda dispenser was soiled. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please repair all leaks and keep cabinet clean.	9/6/18	
6-501.12A	The floor below the soda dispenser cabinet was coated with dried syrup and other debris. Please thoroughly clean floor under cabinet to reduce pest attraction.	9/6/18	
6-501.12A	SERVICE LINE, DRIVE-UP WINDOW, and HALLWAY AREAS The floor beneath equipment in the service counter, hallway, and both drive-up areas were observed littered and blackened. Please thoroughly clean floor beneath all equipment in these areas.	9/21/18	

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: <i>Shawn Curtin</i>		Shawn Curtin		Date: September 5, 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: Sept. 21, 2018



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Ambient, under counter refrigerator		40	Fish and chicken (3 kinds), deep fryers		199 to 212
Soft serve mixes in hopper (choc., vanilla)		37, 33	Hamburgers/broiler		192 to 198
True refrigerator, ambient		33	Walk-in cooler, ambient		34
Eggs, cooker		170	Walk-in freezer, ambient		0
Meat freezer/broiler, ambient		15			

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4-601.11A	KITCHEN Mold and debris observed on the outside of the ice maker (around door hinge). Please wash, rinse, and sanitize the machine as often as needed to keep clean and reduce mold growth.	9/5/18	SC
4-601.11A	Spatulas were stored stuck behind the frame of the drying rack above the 3-vat sink. These spatulas were in contact with debris on the wall. Food contact surfaces shall be clean to sight and touch and protected from contamination while in storage. Please do not store utensils where they are exposed to contamination.	9/5/18	
4-601.11A	A tea pitcher and lids, stored on a rack on top of the True refrigerator, were observed stained. Food contact surfaces shall be clean to sight and touch. If dispose if not able to be thoroughly cleaned. Wash, rinse, and sanitize at least daily.	9/7/18	
4-601.11A	Mold and debris observed on the inside and outside of an ice bin (not in use during this visit), located below the table where a Vitamix machine was stored. Please wash, rinse, and sanitize all surfaces of bin after use.	9/5/18	

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4-601.11C	SERVICE LINE, DRIVE-UP, and HALLWAY AREAS Liquid observed in the bottom of the under-counter refrigerator. Please determine source of liquid and repair, if needed. Please clean and keep refrigerator dry.	9/6/18	SC
4-601.11C	Mold and debris observed in the creases of the door seal of the refrigerator under the service counter. Please wash, rinse, and sanitize the door seal to reduce mold growth.	9/6/18	
4-903.11A	Single-use cups were stored on the floor in the drive-up area. Single-use items shall be stored a minimum of six inches off the floor. Please elevate cups off floor.	9/5/18	
4-601.11C	KITCHEN Dried syrup was observed on the inside of the cabinet that held the ICEE syrup. Please clean inside of cabinet as often as needed to keep clean.	9/6/18	
6-501.12A	Food and debris were observed on the wall above and below the 3-vat sink, and in the juncture between the back of the 3-vat sink and the wall. Please clean wall as often as needed to keep clean.	9/7/18	
4-601.11C	Spills observed inside the True refrigerator located by the walk-in cooler. Please clean inside of cooler as often as needed to keep clean.	9/7/18	
6-501.12A	Debris accumulation and blackened floor tiles observed under equipment. Please thoroughly clean floor.	9/21/18	
4-601.11C	Accumulation of debris observed in the creases of the door seals on the freezer, located across from the deep fryers. Please clean seals as often as needed to keep clean.	9/7/18	

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Inspector: *Rose Mier* Rose Mier Telephone No. (573)-431-1947 EPHS No. 1390 Follow-up: Yes No Follow-up Date: Sept. 21, 2018



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5-203.14B	STORAGE AREAS There was a "Y" connector on the faucet at the mop sink. A hose was attached to each arm of this connector. One hose attached to the chemical dispenser which had integral backflow prevention. The other hose ended in a sprayer head. There was no backflow prevention on this arm of the "Y" connector. Water shall be protected from backflow. Please install and American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker on this arm of the "Y" connector.	9/21/18	SC
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6-501.12A	STORAGE AREAS Accumulation of debris and soda syrup observed on the floor in the bag-in boxes room. Please clean the floor around and under all equipment in this room. Keep floor free of syrup to reduce pest attraction	9/10/18	SC
6-501.12A	Debris and blacked floor tiles observed beneath storage racks in the back storeroom. Please thoroughly clean floor under and around all equipment.	9/21/18	
6-501.12A	The wall around the mop sink area was dirty, and large debris was observed in the sink drain area. Please clean wall as often as needed to keep clean, and clean sink after use.	9/21/18	
3-305.11A	WALK-IN COOLER/FREEZER A box of onion rings was stored on the floor in the walk-in freezer. Food shall be stored a minimum of six inches off the floor. Please keep food elevated.	9/5/18	
6-501.12A	Accumulation of debris observed on the floor beneath racks in the walk-in cooler. Please clean floor inside cooler as often as needed to keep clean.	9/21/18	
5-501.113B	OUTSIDE The trash can lids were open. Trash can lids on outside receptacle shall be closed and tight fitting. Also, the hinge on which the lids pivoted was not secured at one end. Please repair hinge so lids will close tightly.	9/21/18	
5-205.15B	The hydrant in the trash dumpster area was not able to be fully turned off. Plumbing shall be kept in good repair. Please repair.	9/21/18	

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Inspector:  Rose Mier	Telephone No. (573) 431-1947	EPHS No. 1390
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