



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

TIME IN	8:34 am	TIME OUT	10:21 am
DATE	Sept. 10, 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: C-Barn #3	OWNER: Ray Johnson	PERSON IN CHARGE: Mandy Wells
ADDRESS: 108 South Desloge Road	ESTABLISHMENT NUMBER: 4389	COUNTY: St. Francois
CITY/ZIP: Desloge 63601	PHONE: (573)518-0605	FAX: (573)756-8901
PURPOSE: <input checked="" 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 type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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		
	Good Hygienic Practices			<input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> NO <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"/> NO <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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"/> NO <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"/> NO <input 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				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>					
<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"/> NO	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required				In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source				Utensils, equipment and linens: properly stored, dried, handled			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Single-use/single-service articles: properly stored, used		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Adequate equipment for temperature control				Gloves used properly			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Utensils, Equipment and Vending			
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods used				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate				Warewashing facilities: installed, maintained, used; test strips used			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Nonfood-contact surfaces clean			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Physical Facilities			
Food properly labeled; original container				Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Sewage and wastewater properly disposed			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean			
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fruits and vegetables washed before use							

Person in Charge /Title: <i>Mandy Wells</i>	Mandy Wells	Date: September 10, 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. 12, 2018



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

ESTABLISHMENT NAME C-Barn #3		ADDRESS 108 South Desloge Road	CITY /ZIP Desloge 63601
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Frigidaire freezer, ambient	0	Frigidaire refrigerator: ambient, gravy, cut tomatoes	48, 46, 45
Cream, in cream dispenser	37	Ambient, Idylis chest freezer/warewashing room	0
Cheese in dispenser	147	Walk-in cooler, ambient	38
Coldswell cooler/retail, ambient	33	General Electric freezer, ambient	0
Ambient, chest freezer/drive up window	0		

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
3-501.16A	<b>KITCHEN</b> The ambient and food temperatures inside the Frigidaire refrigerator ranged from 45F to 48F. Food shall be held cold at 41F or lower. The thermostat was lowered, but the temperature continued to climb to 51F. Please remove all potentially hazardous food from this refrigerator until it is repaired to reliably hold food at 41F or lower. Please call this office if it is repaired prior to 9/12/18. NOTE: All PHF food was moved to cooler	9/12/18	mw
3-302.11A	Raw hamburger was stored above fully cooked and ready-to-eat foods in the refrigerator. Food shall be stored to prevent cross contamination. Please store raw hamburger below all other foods except raw poultry. CORRECTED ON SITE by moving hamburger to lowest shelf.	COS	
4-601.11A	Dried debris observed on the blade of the table-mounted can opener. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize blade after each use. COS by cleaning/sanitizing.	COS	
4-101.11A	Food was stored in direct contact with plastic grocery bags in the refrigerator and freezer. It is not known whether these bags are food grade. Food contact surfaces shall be safe and not impart deleterious substances to food. Please use only food-grade containers for storing food. COS by storing in zip-lock bags.	COS	
3-501.17A	<b>RETAIL</b> Original Coffee Mate creamer, in the dispenser, was labeled with an 8-day disposition date; the French Vanilla creamer was not date labeled. Please label potentially hazardous food that is held more than 24 hours with a 7-day disposition date, which is the day of opening plus six. CORRECTED ON SITE by correctly labeling both boxes of creamer.	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
4-204.112A	<b>KITCHEN</b> Thermometers were not found in the Frigidaire refrigerator or freezer. Accurate thermometers shall be located in convenient to read locations in the warmest (front) parts of coolers and freezers. Please install thermometers.	9/12/18	mw
4-601.11C3	Accumulation of debris observed on the top of the water heater and on the floor around the water heater, below the handwashing sink. Please clean area around sink as often as needed to keep clean. COS cleanin	COS	
3-302.12	A spray bottle of clear liquid, probably water, was stored by the deep fryer. The bottle was not labeled. Food that is not easily identifiable shall be labeled. Please label bottle. CORRECTED ON SITE by labeling.	COS	
3-304.14A, D	A soiled, damp cloth was stored by the hot hold display case. Dry wiping cloths shall be placed in the laundry as soon as soiled or damp; wet wiping cloths shall be stored in sanitizer between uses. COS	COS	
4-601.11C	<b>RETAIL</b> Debris observed in the cabinet below the coffee dispensers. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean cabinet. COS by cleaning	COS	
4-204.12A	A thermometer was not found in the Coldswell refrigerator. Please install an accurate thermometer in an easy-to-read location in the front of this cooler.	9/12/18	
4-601.11C	An accumulation of debris observed on the white plastic-coated racks and bottom shelf holding chips. Please clean racks and shelves as often as needed to keep clean.	9/12/18	
4-501.11B	Several of the door seals on the customer side of the walk-in cooler were pulled loose. Seals shall be maintained in good repair. Please repair or replace door seals.	9/12/18	

**EDUCATION PROVIDED OR COMMENTS**

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

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	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: Sept. 12, 2018



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ESTABLISHMENT NAME C-Barn #3		ADDRESS 108 South Desloge Road		CITY /ZIP Desloge 63601	
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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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4-202.11A 4-601.11A 4-101.11A	WAREWASHING AREA Two gray buckets were used for ice transport. One bucket was broken on the bottom. Both had and accumulation of hard water deposits, as did the scoop. Food contact surfaces shall be free from breaks, cracks, and other imperfections, and be clean to sight and touch. In addition, it is not known whether these buckets are food-grade. Please (a) discard the bucket that is broken, (b) determine whether this bucket is food-grade, (c) if bucket is food grade, remove hard water deposits. Also, remove hard water deposits from scoop. Wash, rinse, and sanitize ice scoop and buckets at least daily.	9/12/18	MW
4-601.11C	Accumulation of debris observed on top of the ice maker. Please clean top of ice maker as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	

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6-202.15A	Daylight was observed between the front entry doors. Please seal to prevent pest entry.	9/12/18	MW
5-501.17	There was no lidded trash can in the bathroom. Bathrooms used by females shall be lidded. Please provide a lidded trash receptacle for this bathroom.	9/12/18	MW
4-903.11A	Single-use paper towels were stored on the floor in the HVAC closet. Single-use items shall be stored a minimum of six inches off the floor. Please elevate towels. COS by elevating towels off floor.	COS	
3-305.11A	Food was stored on the floor in the storage area in mop sink area. Food shall be stored a minimum of six inches off the floor. Please elevate food off the floor. COS by elevating food off floor.	COS	
5-501.15	An unlidded trash can was stored outdoors in the drive-up area. Outside trash receptacles shall be lidded. Please provide a lid for this trash can, or replace with a lidded trash can.	9/12/18	

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