



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

TIME IN	12:42pm	TIME OUT	3:01pm
DATE	3-28-17	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: AMC Showplace 4	OWNER: AMC Theaters	PERSON IN CHARGE: Joel Bollman
ADDRESS: 838 Vally Creek Drive	ESTABLISHMENT NUMBER: 0164	COUNTY: 187
CITY/ZIP: Farmington, 63640	PHONE: 573-756-4429	FAX: 573-756-4114
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <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 <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		
	Employee Health			<input checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> IN <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"/> 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 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)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <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 type="checkbox"/> IN <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				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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <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 checked="" 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"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Joel Bollman</i> Joel Bollman	Date: March 28, 2017
Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573)431-1947 EPHS No. 1507
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 4-11-17



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

ESTABLISHMENT NAME AMC Showplace 4		ADDRESS 838 Vally Creek Drive		CITY /ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Beverage Air cooler in back room		40			
Mini freezer in back room		0			
Hot held hot dog		173			
Coke cooler in service area		50			
Ice cream freezer		0			

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

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.			
3-501.17A	An open package of hot dogs stored in the Beverage Air cooler was not marked with a discard date. Pootentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed seven days total, by which time the food with be sold, consumed, or discarded. Mark the hod dogs with a discard date that is six days after the original package is opened.	3-28-17	JTB
2-301.14H	Employees were observed not washing their hands before donning new single service gloves. Food service employees shall wash their hands prior to donning new gloves.		
7-201.11B	Cleaning supplies were observed stored above an open container of popcorn seasoning. Toxic materials shall be stored so they cannot contaminate food. Please store toxic materials separate from food, food contact surfaces, single service items and clean linens.		
7-201.11B	A can of spray adhesive and a can of stainless steel cleaner was observed stored on top of the Beverage Air cooler in the back room. Toxic materials shall be stored so they cannot contaminate food. Please store toxic materials separate from food, food contact surfaces, single service items and clean linens.		
2-401.11A	An open employee beverage was observed stored on top of the Beverage Air cooler in the back room. Employees may drink from closed vessels that are stored where contamination of food and single service items cannot occur. Please store employee beverages in closed vessels and where contamination of food cannot occur.		

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

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.			
6-501.18	The facility hand wash sink is dirty. Plumbing fixtures such as handwash sinks and service sinks shall be cleaned as often as necessary to keep them clean. Please clean the handwash sink.	4-11-17	JTB
6-501.12A	An accumulation of dirt, debris, food residue and detergent residue was observed on the floor throughout the back room area. Physical facilities shall be cleaned as often as necessary to keep clean. Please thoroughly clean the floor in the back room area.		
6-501.18	The basins of the three compartment sink are dirty. Plumbing fixtures such as handwash sinks and service sinks shall be cleaned as often as necessary to keep them clean. Please clean and sanitize the three compartment sink.		
6-201.13A	The cove molding throughout the back room area was observed to be damaged and unattached from the wall. In food establishments in which cleaning methods other than water flushing are used for cleaning floors, the floor and wall junctures shall be coved and closed to no larger than 1/32 inch. Please replace the coved molding in the back room area to provide a cleanable surface.		
6-501.14A	An accumulation of dust was observed on ceiling vents in the back room area. Intake and exhaust air vents shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. Please clean the vents in the back room and service areas.		
4-601.11C	Dust and debris was observed on horizontal surfaces of tables and equipment in the back room area. Thoroughly clean all equipment surfaces in this area.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Joel Bollman</i> Joel Bollman		Date: March 28, 2017
Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 4-11-17



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

ESTABLISHMENT NAME AMC Showplace 4		ADDRESS 838 Vally Creek Drive		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	An accumulation of dust was observed on the interior and exterior surfaces of the hot dog roller/heater in the back room area. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize all surfaces of the hot dog roller/heater.				3-28-17	JB
4-601.11A	An accumulation of food residue was observed on the rollers of the hot dog roller/heater. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize the rollers daily.					
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
4-302.14	Sanitizer test strips were not available for determining correct sanitizer concentration. A test kit that accurately measures the concentration of sanitizing solutions shall be provided. Please obtain quaternary ammonia test strips for measuring sanitizer strength.				4-11-17	JB
6-501.12A	An accumulation of soda syrup and debris was observed on the bottom of the cabinets on the west side of the service area. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean this area.					
4-601.11C	An accumulation of dust was observed on the table surface below the popcorn storage table in the front service area. Non-food contact surfaces shall be kept free of an accumulation dust, dirt, food residue and debris. Please clean this table and all horizontal surfaces in the front service area.					
6-501.12A	Dirt, debris and rodent droppings were observed inside the lower cabinet below the middle register in the front service area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area.					
4-601.11C	Mildew and debris was observed on the interior of the Coke cooler in front of the service counters. Non-food contact surfaces shall be kept free of an accumulation dust, dirt, food residue and debris. Please clean and disinfect the interior of the Coke cooler.					
EDUCATION PROVIDED OR COMMENTS						
Person in Charge / Title:		Joel Bollman			Date: March 28, 2017	
Inspector:		John Wiseman		Telephone No. (573)-431-1947	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 4-11-17