



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

|         |         |          |         |
|---------|---------|----------|---------|
| TIME IN | 10:10am | TIME OUT | 12:56pm |
| DATE    | 5-14-18 | 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:<br>Buffalo Wild Wings  | OWNER:<br>Z and G Restaurant Group (Lonnice Griggs)  | PERSON IN CHARGE:<br>Mariah Boyer  |
| ADDRESS:<br>615 Maple Valley Drive   | ESTABLISHMENT NUMBER:<br>4661  | COUNTY:<br>187   |
| CITY/ZIP:<br>Farmington, 63640   | PHONE:<br>573-756-9464   | FAX:<br>573-756-8646   |
| PURPOSE<br><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 checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L  |
| ESTABLISHMENT TYPE<br><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<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 checked="" type="checkbox"/> OUT    N/O    N/A   | Proper cooking, time and temperature   |     |                                     |
|   | <b>Employee Health</b>  |     |                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O    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    N/A | Proper cooling time and temperatures   |     |                                     |
| <input checked="" type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |                                     | <input checked="" type="checkbox"/> OUT    N/O    N/A   | Proper hot holding temperatures  |     |                                     |
|   | <b>Good Hygienic Practices</b>  |     |                                     | <input checked="" type="checkbox"/> OUT    N/A  | Proper cold holding temperatures   |     |                                     |
| <input checked="" type="checkbox"/> OUT    N/O  | Proper eating, tasting, drinking or tobacco use   |     |                                     | <input checked="" type="checkbox"/> OUT    N/O    N/A   | Proper date marking and disposition  |     |                                     |
| <input checked="" type="checkbox"/> OUT    N/O  | No discharge from eyes, nose and mouth  |     |                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT    N/O <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records)   |     |                                     |
|   | <b>Preventing Contamination by Hands</b>  |     |                                     |   | <b>Consumer Advisory</b>   |     |                                     |
| <input checked="" type="checkbox"/> OUT    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    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    N/O <input checked="" type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered   |     |                                     |
|   | <b>Approved Source</b>  |     |                                     |   | <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 type="checkbox"/> IN <input checked="" type="checkbox"/> QVT                                     | Toxic substances properly identified, stored and used  |     | <input checked="" type="checkbox"/> |
| <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    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>  |     |                                     |   |  |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT    N/A                              | Food separated and protected  |     | <input checked="" type="checkbox"/> |   | 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 type="checkbox"/> IN <input checked="" type="checkbox"/> QVT    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                       |     |   |
|                                     |                                     | <b>Food Temperature Control</b>   |     |   |                                     | <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   |     |   |                                     |                                     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <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 |     |   |
|                                     |                                     | <b>Food Identification</b>  |     |   |                                     | <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 checked="" type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
|                                     | <input checked="" type="checkbox"/> | <b>Prevention of Food Contamination</b>   |     |   |                                     |                                     | <b>Physical Facilities</b>  |     |   |
|                                     | <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 checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|   |  |
|---|--|
| Person in Charge / Title:<br>Mariah Boyer | Date:<br>May 15, 2018  |
| Inspector:<br>John Wiseman                | Telephone No. (573) 431-1947   |
| EPHS No. 1507                             | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Follow-up Date: 5-30-18  |



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|--|--|-----------------------------------|---|---------------------------------|---------------|
| ESTABLISHMENT NAME<br>Buffalo Wild Wings           |  | ADDRESS<br>615 Maple Valley Drive |   | CITY / ZIP<br>Farmington, 63640 |               |
| FOOD PRODUCT/LOCATION                              |  | TEMP. in ° F                      | FOOD PRODUCT/ LOCATION                                    |                                 | TEMP. in ° F  |
| Southwest prep: tomato, pico                       |  | 40, 41                            | Walk-in cooler  |                                 | 32            |
| Grill side prep: cheese, pork, tomato, raw chicken |  | 41, 38<br>41, 34                  | W/I cooler: raw burger, raw chicken<br>Chicken from fryer |                                 | 31, 32<br>210 |
| Hot held chicken in drawer                         |  | 167                               | Walk-in freezer   |                                 | 8             |
| Chip/wing freezer                                  |  | 10                                | Walk-in produce cooler                                    |                                 | 32            |

| Code Reference | PRIORITY ITEMS<br>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 |
|----------------|---|-------------------|---------|
| 4-601.11A      | An accumulation of debris was observed on the flat part of the nozzle housing of the soda fountain at the expo area. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize this area daily.  | 5-15-18           |         |
| 4-601.11A      | Food residue was observed on various utensils in clean storage near the expo/ware washing area. Food contact surfaces shall be clean to sight and touch. Please ensure that all food contact surfaces are adequately cleaned. COS These items were moved to ware washing. | COS               |         |
| 4-601.11A      | Staining or corrosion was observed on the inside of stainless steel bowls in clean storage. Food contact surfaces shall be clean to sight and touch. Please ensure that all food contact surfaces are adequately cleaned. COS These items were moved to ware washing.     | COS               |         |
| 4-601.11A      | Food residue was observed on numerous food containers in clean storage. Food contact surfaces shall be clean to sight and touch. Please ensure that all food contact surfaces are adequately cleaned. COS These items were moved to ware washing.                         | COS               |         |
| 7-102.11       | An unlabeled spray bottle of cleaner was observed hanging from the chemical rack. Working containers of toxic materials shall be labeled with the common name of the material. COS by labeling the bottle.  | COS               |         |
| 3-302.11A      | Raw bacon was observed stored above produce in the walk-in produce cooler. Food shall be protected from cross contamination by storing raw animal products away from or below ready to eat foods. COS by moving the bacon.  | COS               |         |

| Code Reference | CORE ITEMS<br>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 |
|----------------|--|-------------------|---------|
| 6-501.12A      | Food debris was observed below the cook-kine equipment in the kitchen. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor below kitchen equipment as often as necessary.  | 5-30-18           |         |
| 4-601.11C      | Food debris and water was observed accumulating in aluminum trays on a rolling cart in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean and sanitize these trays as often as necessary to keep them clean.   |                   |         |
| 4-601.11C      | Food debris and mold was observed on surfaces of open wire shelving in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean and disinfect the shelving as often as necessary to keep it free of debris and mold. |                   |         |
| 6-501.12A      | An accumulation of debris was observed on the inside of the walk-in cooler door. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean and disinfect the inside of the walk-in cooler door.  |                   |         |
| 6-501.12A      | Mold and debris was observed on the back wall of the expo area below equipment and especially below the three compartment sink and floor drains. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean and disinfect this area.                                |                   |         |

EDUCATION PROVIDED OR COMMENTS

|  |              |                             |               |
|--|--------------|-----------------------------|---------------|
| Person in Charge / Title:  |              | Date: May 15, 2018          |               |
| 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: 5-30-18     |               |



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| ESTABLISHMENT NAME<br>Buffalo Wild Wings | ADDRESS<br>615 Maple Valley Drive | CITY /ZIP<br>Farmington, 63640 |
|--|-----------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION            | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|----------------------------------|--------------|------------------------|--------------|
| Cashier stand: condiment cooler, | 36           |                        |              |
| hot box                          | 150          |                        |              |
| Bar Area: glass cooler #1 & #2   | 32, 28       |                        |              |
| Glass chiller                    | 32           |                        |              |
| Walk-in beer cooler              | 34           |                        |              |

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

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| 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.**

|           |  |         |  |
|-----------|--|---------|--|
| 6-501.12A | A build-up of debris was observed on the floor of the walk-in freezer. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the freezer floor.  | 5-30-18 |  |
| 4-501.14B | Food debris was observed on the outside of the dishwasher and on the inside of the dishwasher doors. A ware washing machine shall be cleaned at a frequency to prevent recontamination of equipment. Please clean the interior and exterior of the dishwasher. |         |  |
| 4-601.11C | Food debris was observed on surfaces of open wire shelving in the walk-in produce cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean and disinfect the shelving.                     |         |  |
| 4-901.11A | Various food containers in clean storage were observed to be wet-nested. After cleaning and sanitizing, food equipment shall be air dried. Please ensure that equipment is dry before nesting.   |         |  |
| 4-903.11A | Single service items were observed on the floor in the dry stock room. Single service items shall be protected from contamination by storing them at least six inches off of the floor. Please store these items off of the floor.                             |         |  |
| 6-202.15A | A visible gap was observed between the front entry doors. The outer entrances of a food establishment shall be protected against the entry of insects and rodents by self-closing, tight fitting doors. Please repair the gap between the doors.               |         |  |
|           |  |         |  |

EDUCATION PROVIDED OR COMMENTS

|                                |  |  |  |
|--------------------------------|--|--|--|
| EDUCATION PROVIDED OR COMMENTS |  |  |  |
|--------------------------------|--|--|--|

|                           |              |                              |   |
|---------------------------|--------------|------------------------------|---|
| Person in Charge / Title: | Mariah Boyer | Date:                        | May 15, 2018  |
| 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:              | 5-30-18   |



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| ESTABLISHMENT NAME<br>Buffalo Wild Wings | ADDRESS<br>615 Maple Valley Drive | CITY /ZIP<br>Farmington, 63640 |
|--|-----------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |

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|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

|           |  |         |  |
|-----------|--|---------|--|
| 6-202.15A | A visible gap was observed at the bottom of the rear entry door. The outer entrances of a food establishment shall be protected against the entry of insects and rodents by self-closing, tight fitting doors. Please repair the gap at the bottom of the door.. | 5-30-18 |  |
|-----------|--|---------|--|

EDUCATION PROVIDED OR COMMENTS

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| Person in Charge /Title:   |  | Mariah Boyer            | Date: May 15, 2018                          |
| 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: 5-30-18 |   |