



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

TIME IN	9:13am	TIME OUT	12:01pm
DATE	2-27-18	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: C-Barn #1	OWNER: Ray Johnson and Jim Johnson	PERSON IN CHARGE: Jennifer Kitchen
ADDRESS: 1000 Ste. Genevieve Ave.	ESTABLISHMENT NUMBER: 3784	COUNTY: 187
CITY/ZIP: Farmington, 63640	PHONE: 573-756-1330	FAX: na
PURPOSE: <input 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 RESTAURANT <input checked="" 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 checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input 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"/> IN <input checked="" type="checkbox"/> OUT <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"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed				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 type="checkbox"/> IN <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			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source				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				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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input 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 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>Jennifer Kitchen</i>	Jennifer Kitchen	Date:	February 27, 2018
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:	3-13-18



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ESTABLISHMENT NAME C-Barn #1	ADDRESS 1000 Ste. Genevieve Ave.	CITY /ZIP Farmington, 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Hot dog on roller/heater	118		
Gatoraide cooler	34		
Walk-in cooler	34		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

3-501.16A	A hot dog in the hot dog roller/heater was measured at 118F at 9:25am. At the 9:55am the hot dog was still 118F. Potentially hazardous foods held hot shall be maintained at 135F. COS by discarding the hot dog. Adjust the temperature of the roller/heater to keep the hot dogs at 135F or greater.	COS	
4-601.11A	Food residue and a soiled paper towel was observed inside the microwave located in the retail area. Food contact surfaces shall be clean to sight and touch. COS by cleaning the microwave interior.	COS	
3-501.17A	Hot dogs stored in a plastic container in the walk-in cooler were not marked with a discard date. Potentially hazardous foods held refrigerated shall be marked with a discard date that is no greater than six days after the date of preparation or opening. COS by marking the hot dogs with a discard date.	COS	
4-601.11A	Mildew and hard water deposits were observed on the deflector in the ice machine in the back storage room. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the deflector. Do this in a manner that does not subject the ice to contamination.	3-13-18	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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	Black mold was observed on the faucet at the hand wash sink located in the beverage station in the retail area. Plumbing fixtures shall be cleaned as often as necessary to keep them clean. COS by cleaning the faucet.	COS	
6-301.11	Soap was not available at the hand wash sink located in the beverage station in the retail area. Hand wash sinks shall be provided with hand soap. Please provide soap at the hand wash sink.	3-13-18	
4-204.112 C	A dial-type ambient air thermometer was observed suspended from the interior of the hot dog roller/heater in the retail area. The thermometer indicated that the air temperature was 145F. The hot dog on the roller/heater was measured at 118F. Not only is it inaccurate, but the placement of the thermometer here provides no useful information. Remove the thermometer and use an appropriate food thermometer to determine attainment and maintenance of food temperatures.		
4-302.12A	A food thermometer was not available for determining adequate heating and maintenance of foods. A food measuring device shall be provided to determine adequate heating and maintenance of food temperatures. Please provide a food thermometer which has an operational range of 0F to 220F in two degree increments; or a digital equivalent.		
4-903.11A	Foam cups were observed stored on the floor on the east side of the retail area. Single use/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.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title	Jennifer Kitchen	Date:	February 27, 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:	3-13-18



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ESTABLISHMENT NAME C-Barn #1	ADDRESS 1000 Ste. Genevieve Ave.	CITY / ZIP Farmington, 63640
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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
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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
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4-101.19	Cloth towels were observed stored below syrup dispensers and below the catch drains of the soda fountains. Non-food contact surfaces exposed to splash, food soiling, or that require frequent cleaning shall be constructed of a durable, non-absorbent and easily cleanable material. Please replace the towels with trays.	3-13-18	
4-601.11C	An accumulation of soda syrup and sticky cloth towels were observed in the bottom of the cabinet below the soda fountains in the retail beverage area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please remove the soiled towels, clean and disinfect this area and repair the source of the leakage.		
6-501.11	The vinyl base molding in the restroom has pulled away from the surface of the wall in several places. The wall behind the toilet is damaged and has a hole in it. Physical facilities shall be maintained in good repair. Please repair the hole in the wall and replace the base molding.		
3-305.11A	Water was observed dripping onto beverage containers and pallets from the ceiling mounted cooling unit in the walk-in cooler. Food shall be protected from sources of contamination.		
4-501.11A	Equipment shall be maintained in good repair. Please move beverages away from the dripping water and repair the source of the drip.		
6-501.12A	Mold was observed on the ceiling in the walk-in cooler. Physical facilities shall be cleaned as often as necessary to keep them clean. Please thoroughly clean and disinfect the ceiling in the walk-in cooler.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: 	Jennifer Kitchen	Date: February 27, 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: 3-13-18



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ESTABLISHMENT NAME C-Barn #1	ADDRESS 1000 Ste. Genevieve Ave.	CITY /ZIP Farmington, 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

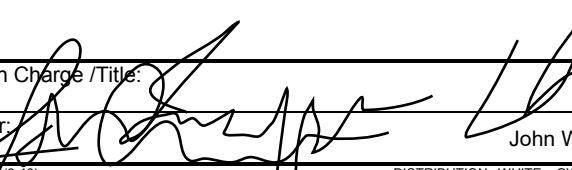

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4-601.11C	An accumulation of debris was observed on the plastic gravity-fed beverage trays on the retail shelving in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean and disinfect the beverage trays.	3-13-18	
5-205.15B	There was no hot water at the hand wash sink in the back storage area. The cold water was of insufficient volume for use. There was no soap nor paper towels provided at this sink. Hand wash sinks shall be provided with hot and cold running water, soap and a sanitary means of hand drying. According to the manager, the water was turned off to this sink due to a water leak. A plumbing system shall be maintained in good repair. Please repair the plumbing leak, provide soap and paper towels, and restore the sink to a usable condition.	COS	
6-301.11			
6-301.12			
4-903.11A	Bags of clean linens were stored on the floor in the back storage room. Clean linens shall be stored at least six inches off of the floor. COS by removing the linens from the floor.		
6-501.12A	An accumulation of hard water deposits, debris and clutter was observed on the floor below the ice machine and three compartment sink. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor in this area.	3-13-18	

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