



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

| | | | |
|---------|--------------|----------|---------|
| TIME IN | 11:33 am | TIME OUT | 1:11 pm |
| DATE | Dec. 6, 2017 | 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: Cheap Smokes | OWNER: Brian Mayer | PERSON IN CHARGE: Billy Ware, manager |
| ADDRESS: 736 Weber Road | ESTABLISHMENT NUMBER: 4516 | COUNTY: St. Francois |
| CITY/ZIP: Farmington 63640 | PHONE: 573.747.0330 | FAX: 573.747.0331 |
| 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 type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD | | |
| 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 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"/> 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 type="checkbox"/> N/C <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | <input 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 type="checkbox"/> | Gloves used properly | | |
| <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input 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 | | |

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| Person in Charge /Title: <i>Billy Ware</i> Billy Ware, manager | Date: December 6, 2017 |
| 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: Dec. 21, 2017 |



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FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | |
|--|--|---------------------------|------------------------------|-------------------------------|--------------|
| ESTABLISHMENT NAME Cheap Smokes | | ADDRESS 736 Weber Road | | CITY /ZIP Farmington 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Beverage cooler, service area, ambient | | 41 | Nacho cheese in dispenser | | 73 |
| Iced coffee dispenser, ambient (empty) | | 41 | Walk-in beer cooler, ambient | | 39 |
| Beverage coolers, retail area, ambient | | 33, 40, 40, 40 | | | |
| Beverage coolers, retail area, ambient | | 38, 38, 35 | | | |

| 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 | Orange and black mold growth observed on the ice chutes on both beverage dispensers at the drive-up window, and on the ice chute on the Coca Cola dispenser in the customer self-service area. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the ice chutes at least daily. | 12/6/17 | |
| 3-501.16A | The Nacho cheese dispenser was not operating. Cheese installed in the dispenser had an internal temperature of 73F. Food shall be held hot at 135F or higher. Please discard the cheese inside this unit and do not use until it is repaired or replaced. COS by voluntarily discarding cheese and not using machine, | COS | |
| 6-501.111 | Mouse feces and debris observed in the cabinet below the Coca Cola soda dispenser in the customer self-service area. Facility shall be free of evidence of pests. Please clean cabinet and monitor facility for evidence of pests. If found, begin an approved method of pest control. | 12/21/17 | |
| 4-601.11A | Dried food splatters observed inside the Rival microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the microwave a minimum of every four hours, more often if needed to keep clean. | 12/6/17 | |
| 6-501.111 | Mouse feces observed on the floor in the room holding beer. Please clean floor and begin an approved method of rodent control. | 12/21/17 | |
| 4-601.11A | Mold observed inside the ice maker in the area where the ice drops into the bin. Food contact surfaces shall be clean to sight and touch. Please discard ice, wash, rinse, sanitize, and air dry before returning to service. | 12/6/17 | |
| 5-203.14B | The discharge hose on the water softener ended below the rim of the mop sink into which it discharged. Water shall be protected from contamination. Please provide an air gap between the end of the discharge hose the rim of the receiving sink that is a minimum of 1". | 12/7/17 | |

| 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 |
|----------------|---|-------------------|---------|
| 5-205.15B | The handle on the hot water faucet on the handwashing sink in the service area was broken. Plumbing shall be maintained in good repair. Please replace the faucet. | | |
| 4-601.11C | Debris observed on the counter under and behind the equipment on the customer self-service beverage counter. Please clean counter. | | |
| 4-601.11C | Black mold growth observed on the shelves and shelf liners inside the Pepsi cooler, located next to the customer self-service counter. Please clean and sanitize the inside surfaces of this cooler. | | |
| 4-601.11C | Debris and mold observed on the shelves and shelf liners in the coolers located next to the office. Please clean and sanitize all surfaces and beverage holders inside these coolers. | | |
| 3-307.11 | The ice maker was located in the retail area and not protected from contamination by customers. Food shall be protected from contamination. Please keep the ice maker locked or move to an area that is not accessible to customers. | | |
| 4-601.11C | Beverage spills observed inside the refrigerator holding Seagram's Spiked drinks. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean refrigerator. | | |
| 6-501.14A | Mold and dust accumulation observed on the condenser/fan units in the walk-in beer cooler. Please clean and use a sanitizer to reduce mold growth. | | |
| 6-501.12A | Debris observed beneath the shelves in the walk-in beer cooler. Physical facility shall be kept clean. Please clean floor and remove all cardboard on the floor. | | |
| 6-301.14 | There was no sign at the handwashing sink in the bathroom. Please install a sign to remind users of the importance of washing hands. | | |

EDUCATION PROVIDED OR COMMENTS

_____ A line drawn through an item on page 1 indicates the item was not observed or is not applicable.

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|--|-----------------------------|-------------------------------|
| Person in Charge /Title: <i>Billy Ware</i> Billy Ware, manager | | Date: December 6, 2017 |
| 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: Dec. 21, 2017 |



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| ESTABLISHMENT NAME Cheap Smokes | | ADDRESS 736 Weber Road | CITY /ZIP Farmington 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | |
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| 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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| 6-501.111 | Mouse feces observed in the cabinets below the sinks in the office. Please clean cabinets and begin an approved method of rodent control. | 12/21/17 | |
| 7-202.12A | Several containers of Raid insecticides were stored in the cabinet below the sink in the office. These insecticides were not labeled for use in a food facility. Please remove these products from the facility and use only those insecticides that are approved for use in a food facility, or use a pest control company. | 12/6/17 | |
| 4-501.114A | A gallon of Low Splash bleach was stored below the sink in the office. This product is not approved for use as a sanitizer on food contact surfaces. Please use only regular, unscented bleach when preparing sanitizer solutions for cleaning food contact surfaces. | 12/6/17 | |
| 2-201.11 | Please develop an employee illness policy based on Chapter 2 of the Missouri Food Code. You may use the Food Code and/or the FDA Employee Health and Personal Hygiene Handbook. A policy may state that specified pages will be read by all employees and a reporting agreement signed. See codes 2-201.11, 2-201.12, and 2-201.13 in the Missouri Food Code, or use pages 5-17 and 37-38 in the FDA handbook. Both documents are available online. A copy of the FDA handbook was provided and may be copied. | 12/21/17 | |
| | | | |

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|----------------|--|-------------------|---------|
| 6-301.14 | There are four sink vats in the office. Please designate the far right vat as the handwashing sink, as the soap and paper towels are located near that sink. Use the other three sinks to wash, rinse, and sanitize food contact surfaces. Install a handwashing sign at the handwashing sink and use it only for handwashing. A handwashing sink is required in areas where equipment is cleaned and in areas where food is dispensed (the ice maker is near this office). Please ensure employees wash hands prior to filling ice buckets. | 12/6/17 | |
| 5-205.15B | A leak was observed below the handwashing sink vat in the office. Plumbing shall be in good repair. Please repair the leak. | 12/21/17 | |
| 6-501.14A | Debris observed on the portable fan, stored on the shelf above the sink in the office. Ventilation systems shall not be a source of contamination. Please clean all surfaces and blades of the fan as often as needed to keep clean. | | |
| 6-501.12A | The floor was dirty in the office, especially around and under equipment. Please clean floor as often as needed to keep clean. | | |
| 6-202.15A | Daylight was observed between the front entry doors. Outside entries shall be sealed to reduce pest entry points. Please seal door. | | |
| 6-202.15A | Holes were not sealed where pipes and utilities entered the building. Please seal all holes on the exterior of the building to reduce pest entry points. | | |
| 5-501.114 | A plug was not installed in the drain of the outside trash dumpster. Plugs prevent debris from draining onto the ground and attracting pests. Please request the trash company to install a plug in the drain. | | |
| 6-501.11 | The toilet seat was worn and no longer cleanable. Please replace seat to allow effective cleaning. | | |

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| 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 |
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