



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

TIME IN	10:51 am	TIME OUT	12:40 pm
DATE	Oct. 16, 2018	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: CiCi's Pizza	OWNER: Debbie and Chip Peterson	PERSON IN CHARGE: Derek Kauffmann
ADDRESS: 798 Maple Valley Drive	ESTABLISHMENT NUMBER: 4415	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-9998	FAX: (573)756-4442
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		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
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 checked="" 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"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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/O <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 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled	<input checked="" type="checkbox"/>	
		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 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" 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 checked="" type="checkbox"/>	
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Derek Kauffmann</i>	Derek Kauffmann	Date: October 16, 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: Oct. 22, 2018



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Pizzas on bar		142, 135	Salad bar: cut greens, macaroni salad, cut tomatoes		33, 39, 39
			True refrigerator: ambient, macaroni salad		36, 40
			Hot hold: macaroni, soup, lasagna		151, 135, 151
			Hot hold: marinara sauce, alfredo sauce		158, 176

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

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
4-601.11C	DINING AND BATHROOM AREAS Debris observed on some of the booster seats in the dining room. Please wash, rinse, and sanitize booster seats and high chairs after each use.	10/16/18	<i>[Signature]</i>
4-601.11C	Men's Bathroom: Debris observed on the diaper changing station, the ceiling HVAC vent and fan cover,	10/22/18	<i>[Signature]</i>
6-501.14A	and the counter/handle area of the handwashing sinks. Also, damage to one toilet seat lid prevented it from being effectively cleaned. Please wash, rinse, and sanitize the changing station, clean the ceiling vents,		
6-501.18	clean all surfaces of the sink at least daily, and replace the damaged toilet seat.		
4-601.11C	Women's bathroom: the diaper changing table was dirty, especially where hands touched; the ceiling	10/22/18	
6-501.14A	HVAC and fan cover vents were dirty. Please wash, rinse, and sanitize the diaper changing station at least daily and clean the ceiling vents as often as needed to keep clean.		
4-601.11C	Accumulation of dust observed on the counter behind the beverage dispensers. Nonfood contact surfaces shall be clean. Please clean entire counter as often as needed to keep clean.	10/22/18	
5-205.15B	There appeared to be a leak in hosing under the soda dispenser, as dried syrup was on the counter. Please determine source of syrup and repair. Clean under dispenser.	10/22/18	
6-501.12A	Mold observed on the pipes in the counter below the soda dispenser. Please use a sanitizer on the pipes after cleaning and removing mold.	10/22/18	
4-903.11A	Single-use napkins and plates were on the floor in the storage room (off the party dining room). Single-use items shall be stored a minimum of six inches off the floor.	10/22/18	

EDUCATION PROVIDED OR COMMENTS

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Pizza, oven		197	Pizza prep table: cheese, sausage, hamburger, chicken		35, 38, 41, 40
Chest deep freezer, ambient		4	Prep table, bottom: ambient, chicken, cooked pasta		32, 38, 41
			Walk-in cooler: ambient, pasta salad, bruschetta		35, 38, 38

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4-601.11A	KITCHEN AND WAREWASHING AREAS Debris observed on the ice bucket and ice scoop. Please wash, rinse, and sanitize the bucket and scoop at least daily.	10/16/18	[Signature]
4-601.11A	Scoops held inside the bulk containers of dry powders were observed with caked powders. Please replace the scoops when soiled, or wash, rinse and sanitize at a frequency to keep free of caked powder and other food debris from hands.	10/16/18'	
3-101.11A	A #10 can of diced tomatoes was observe crimped, jeopardizing the contents. Packaging shall protect the contents. Please discard or place in a designated area cans that are badly dented (crimped), or are dented on any of their three seams. CORRECTED ON SITE voluntarily discarding.	COS	
4-501.114A	There was no chlorine detected in the sanitizing rinse of the mechanical dish washer. Chlorine shall be between 50 and 100 ppm in sanitizer solutions. Please use test strips daily to ensure chlorine is at correct concentration. CORRECTED ON SITE by adjusting hose in the bulk sanitizer and priming system.	COS	

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6-501.18	PIZZA MAKING AREA The strainer over the drain in the handwashing sink was dirty. Please clean strainer as often as the sink is cleaned.	10/17/18	[Signature]
3-307.11	An open employee beverage was stored on the shelf above single-use plastic film. Employees may drink from a closed (lidded/strawed) container while working, but the drink must be stored where food and food-related items cannot be contaminated. Also, employees shall wash hands after drinking. COS by moving drink to cupholder.	COS	
6-501.18	KITCHEN/WAREWASHING AREAS The handwashing sink was dirty. Please clean all surfaces of handwashing sink as often as needed to keep clean.	10/16/18	
6-501.18	The single-vat sink was dirty. Please clean all surfaces of sink as often as needed to keep clean.	10/16/18	
4-903.11A	Clean linens were stored on the floor. Clean linens shall be stored a minimum of six inches off the floor. Please keep linens off the floor. COS by moving linens to shelf	COS	
6-501.12A	Accumulation of debris observed on the floor in the prep area. Physical facilities shall be kept clean. Please clean all surfaces of floor as often as needed to keep clean.	10/17/18	
4-601.11C	The outsides of the buckets containing bulk containers of dry powders were dirty. Please clean outsides and lids of buckets, as often as needed to keep clean.	10/22/18	
4-501.14C	Accumulation of debris on the top, ledges, and sides of the dish washer. Please clean all surfaces of machine at least daily.	10/16/18	
4-903.11A	Clean aprons were stored on the floor. Linens shall be 6" off floor. COS by placing on shelf.	COS	

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ESTABLISHMENT NAME CiCi's Pizza	ADDRESS 798 Maple Valley Drive	CITY /ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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4-501.14B	WAREWASHING AREA, continued Debris observed in and on the 3-vat sink and on the hand sprayer. Warewashing equipment shall be clean. Please clean sink and sprayer, holder, faucets, etc. at least daily.	10/16/18	pa
6-501.12A	Debris observed on the stainless steel wall behind the 3-vat sink, and on the FRP board behind and around the mechanical dish washer. Physical facilities shall be clean. Please clean; use sanitizer to reduce mold growth.	10/22/18	
5-501.113B	OUTDOORS The lid on the outside trash dumpster was open. Lids on outside trash receptacles shall be closed. CORRECTED ON SITE by closing lid.	COS	

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