



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

TIME IN	10:16 am	TIME OUT	12:38 pm
DATE	April 11, 2017	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: Destiny Adams
ADDRESS: 798 Maple Valley Drive	ESTABLISHMENT NUMBER: 4415	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-9998	FAX: (573)756-4442
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 checked="" type="checkbox"/> H <input 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <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 <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 checked="" type="checkbox"/> N/A <input type="checkbox"/> N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <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 checked="" type="checkbox"/> N/A <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)		
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<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				<b>Highly Susceptible Populations</b>		
<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		
<b>Approved Source</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Chemical</b>		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" 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 <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<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 <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		
<b>Protection from Contamination</b>				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 checked="" type="checkbox"/> OUT <input 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"/>	<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			<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 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		
<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>				
<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 checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Destiny Adams</i> Destiny Adams	Date: April 11, 2017
Inspector: <i>Rose Miller</i> Rose Miller	Telephone No. (573)431-1947    EPHS No. 1390
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: April 20, 2017



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ESTABLISHMENT NAME Cici's Pizza		ADDRESS 798 Maple Valley Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Pizza, oven		196, 173	Cold hold bar: beets, pasta salad, lettuce salad		38, 39, 41
Beverage cooler, ambient		41	True Cooler: ambient, pasta		34, 39
			Pizza prep cooler, top: pepperoni, ham, cheese sauce		35, 36, 35
			Pizza prep cooler, bottom: ambient, spinach sauce		40, 40, 37
			Hot hold bar: pasta, chicken soup, marinara, alfredo sauce		167,172,170,180

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
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4-601.11A	DINING AREA Debris observed on children's booster seats, stored in the dining room. Booster seats and high chairs are food-contact surfaces. Please wash, rinse, and sanitize booster seats and high chairs after each use.	4/11/17	DA
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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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
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5-501.115	DINING AREA The cabinets holding trash cans and dirty dish tubs in the dining room were dirty. Enclosures for waste receptacles shall be cleaned to prevent pest attraction. Please clean cabinets and shelves in the cabinets at least daily.	4/20/17	DA
5-501.116	Accumulation of debris on a trash can lid, stored in the trash can cabinet in the dining room. Trash cans and their lids shall be cleaned when emptied.	4/20/17	
6-501.14A	The grates over the vent fans in the men's and women's bathrooms were dirty. Ventilation systems shall not be a source of contamination. Please clean vents as often as needed to keep clean.	4/20/17	
6-101.11A	Absorbent mats were placed in front of each urinal in the men's bathroom. Floors in toilet rooms shall be smooth and non-absorbent. Please do not use absorbent mats.	4/20/17	
4-501.11A	Liquid was pooled in the cabinet below the soda dispenser. Equipment shall be in good repair. Please have equipment serviced to repair leak(s).	4/20/17	
3-305.12F	A box of Parmesan packets was stored in the same cabinet where the waste drain line from the soda dispenser was located. Food, single-use items, clean equipment, or clean linens may not be stored below unshielded drain lines. Please do not store food in this cabinet.	4/11/17	
4-601.11C	Food residue observed on the outsides of the tea dispensers, and on their holders. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean dispensers and areas around dispensers.	4/11/17	

EDUCATION PROVIDED OR COMMENTS

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

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4-903.11A	<b>SERVING LINE</b> A box of single service cups were stored on the floor below the cash register. Single use items shall be stored a minimum of six inches off the floor. Please elevate cups off floor.	4/11/17	DA
4-601.11C	A plastic, 4-drawer system was stored below the cash register. One drawer held crackers. One drawer was broken, and debris was observed on the inside and outside surfaces. Equipment shall be kept clean and in good repair. Please clean; replace or remove the broken drawer.	4/20/17	
4-501.11A	<b>PIZZA MAKE AND COOK AREA</b>		
4-601.11C	Accumulation of debris observed in the creases of the top door seals, and the shelves of the pizza make cooler. Please clean door seals and the inside of the cooler as often as needed to keep clean.	4/13/17	
4-601.11C	Some of the lids and containers in the bottom of the pizza make cooler were dirty with food debris. Please clean containers and lids when soiled.	4/13/17	
4-601.11C	Accumulation of debris observed on the containers holding Parmesan cheese and "flat" bread, stored on the shelf below the table holding the dough press. Please clean lids and containers as often as needed to keep clean.	4/13/17	
6-501.18	<b>DOUGH PREP AREA</b> Debris observed on the faucets of the handwashing sink. Sinks shall be clean. Please clean all surfaces of handwashing sink at least daily.	4/11/17	
4-601.11C	Accumulation of debris observed on the bulk containers of dry powders, stored on the shelves below the work tables. Please clean all surfaces of containers and lids.	4/20/17	
4-601.11C	Accumulation of debris on the shelf holding bulk containers of dry powders. Please clean shelf.	4/20/17	

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			Walk-in cooler: ambient, cooked chicken, cooked pasta		38, 37, 37
			Ambient, chest freezer		8

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4-601.11A	<b>DOUGH PREP AREA</b> Debris observed on the blade and chute of the cheese grater, stored on the shelf below the work table. Food contact surfaces shall be clean to sight and touch. COS by cleaning and sanitizing.	COS	DA
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4-601.11C	<b>DOUGH PREP AREA</b> Accumulation of debris on the wall shelf above the long work table. Please clean shelf as often as needed to keep clean.	4/20/17	DA
4-601.11C	<b>WAREWASHING AREA</b> Labels were attached to cleaned lids, stored on the clean equipment rack. Please remove labels and residue before cleaning.	4/12/17	
4-501.14B	Accumulation of debris on the outside top, inside surfaces, and drainboards of the mechanical warewash machine. Warewash machines shall be cleaned a minimum of once daily, more often if needed to keep clean. Please clean all surfaces of machine and drainboards.	4/11/17	
4-501.14B	The vats, faucet, handles, shower head, tubing, drainboards, splash guard, wall, and waste drain pipes of the 3-vat sink were dirty. Sinks shall be kept clean. Please clean all plumbing equipment, sink vats, drainboards, and surrounding splash guard and wall at the 3-vat sink at least daily.	4/11/17	
4-601.11C	Accumulation of debris on the shelves holding dirty dishes next to the 3-vat sink. Please clean shelves.	4/20/17	
6-202.15A	Daylight was observed beneath the back entry door. Outside entries shall be sealed to reduce pest entry points. Please seal door.	4/20/17	
6-202.15A	The back entry door was not self-closing. Outside entry doors shall be self-closing to protect against pest entry. Please install a door closure device on this door.	4/20/17	
5-501.113	The lid on the outside trash dumpster was open. Lids shall be closed on outside trash receptacles. Please keep lids closed.	4/11/17	

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