



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

TIME IN	10:05 am	TIME OUT	12:35 pm
DATE	May 4, 2018	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: Country Mart	OWNER: Town and Country Group, Inc.	PERSON IN CHARGE: Michelle S. Wilder, manager
ADDRESS: 125 West Karsch Boulevard	ESTABLISHMENT NUMBER: 1870	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (537)756-1455	FAX: (573)760-1774
PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
ESTABLISHMENT TYPE: <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" 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	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" 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			<input checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
<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 checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" 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	COS	R	IN	OUT	COS	R
				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper Use of Utensils		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Pasteurized eggs used where required			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment and linens: properly stored, dried, handled		
	Food Temperature Control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate equipment for temperature control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Approved thawing methods used			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, Equipment and Vending		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Thermometers provided and accurate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
	Food Identification			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean	<input checked="" type="checkbox"/>	
	Prevention of Food Contamination			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical Facilities		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Insects, rodents, and animals not present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Hot and cold water available; adequate pressure		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Contamination prevented during food preparation, storage and display			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Fruits and vegetables washed before use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage/refuse properly disposed; facilities maintained		
				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Michelle S. Wilder</i> Michelle S. Wilder, manager	Date: May 4, 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: May 23, 2018



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

ESTABLISHMENT NAME Country Mart		ADDRESS 125 West Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			Monster beverage cooler, ambient		60
			Walk-in deli cooler, ambient		22

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
----------------	--	-------------------	---------

5-203.14B	Water lines observed connected into coffee and cappucino machines without any observed backflow prevention device(s). A plumbing system shall be installed to preclude the backflow of a solid, liquid, or gas contaminant into the water supply at each point of use at a food establishment. Please install an A.S.S.E. (American Society of Sanitary Engineering) rated backflow prevention device on the water line to these units.	5/23/18	MW
-----------	---	---------	----

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
----------------	---	-------------------	---------

6-501.14A	Accumulation of dust observed on the grates over the condenser fans, on the condenser housing, and on the ceiling in front of the fans in the walk-in dairy cooler. Ventilation systems shall not be a source of contamination. Please clean condenser unit and ceiling of all dust and debris. COS by cleaning	COS	MW
6-501.12A		.	
6-202.15A	Daylight showed around the dock loading doors (by the box crusher). Outside openings shall be sealed to reduce pest entry points. Please seal around the doors. COS by spray foam and seal	COS	
4-501.11A	The Monster beverage refrigerator at the check-out had an ambient temperature of 60F. Coolers shall hold food at 41F or lower. NOTE: the only food held in this unit was pre-packaged, non-potentially hazardous beverages. Please repair or replace the refrigerator.	5/23/18	
5-501.113B	The lids on one outside dumpster and the lid on the grease dumpster were open. Dumpster lids shall be kept closed and tightly fitting. Please keep lids closed.		
6-202.15A	Holes in the west wall where pipes from the condensers entered the building were not sealed. Facility shall be sealed to prevent entry points for pests. Please inspect all sides of building and seal all holes.		
4-203.12B	The thermometer in the walk-in deli cooler read 15F when the actual temperature was 22F. Thermometers shall be accurate to within 2 degrees F. COS by calibrating thermometer		
4-501.11A	The deli hot hold display case did not hold food at 135F or higher. Staff kept a log of food temperatures, measured every three hours. Those foods that dropped below 135F were discarded after four hours. Logs appeared accurate and foods to be discarded were labeled with the discard time. Time as a Control will continue to be used. Please have the unit repaired so it will reliably hold food at 135F or higher.		
3-305.11A	Ice buildup observed on food boxes within the bakery walk-in freezer. Food shall be stored in a clean, dry location that is not exposed to splash, dust or other contamination.		

EDUCATION PROVIDED OR COMMENTS

A line through an item on page one indicates the item was not applicable or was not observed.

Person in Charge /Title: <i>Michelle S Wilder</i> Michelle S. Wilder, manager	Date: May 4, 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: May 23, 2018

*John Wiseman*

*[Signature]*



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

ESTABLISHMENT NAME Country Mart		ADDRESS 125 West Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	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>		

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>		
3-602.11B	Food packaged on site for retail was not correctly labeled. Many of the different foods had the same label, some listed ingredients that were obviously not in the food, and others failed to list the ingredients obviously in the food. Few listed major allergens. These foods included: some cookies, cakes, pies, puddings. Foods that are either commercially prepared and repackaged on-site for retail, or are prepared and packaged on-site shall be fully labeled. Labeling shall be accurate and not misleading. Please label foods packaged on-site with an accurate list of ingredients, major allergens, name and place of business, and accurate quantity. NOTE: the deli manager is working on labels; many of the foods noted on the routine inspection were observed labeled correctly during this visit, including an allergen list. Please continue to develop accurate labels for all foods sold retail.	5/23/18	MW
6-501.111B	Rodent droppings and debris were observed on the floor behind the bakery display cases near the bakery storage shelving. The presence of insects, rodents, and other pests shall be controlled to minimize their presence on the premises. Please clean and remove all evidence of pest activity and work with your pest control operator to eliminate pests.	↓	↓
6-501.12A	A few rodent droppings observed in cabinets storing single-service items behind the deli hot bar. COS by vacuuming the droppings.		
6-501.11B	Grease buildup and debris was observed above the door and in the vent stack from the bakery oven. It is recommended a cleanable filter be placed on the vent opening. Physical facilities shall be cleaned as often as necessary to maintain cleanliness.		
6-501.12A	A hole was observed in the floor near the water heater, covered with a piece of FRP board. Please close to reduce pest harborage.		
6-202.15A			

EDUCATION PROVIDED OR COMMENTS

.

Person in Charge/Title: <i>Michelle S. Wilder</i>		Michelle S. Wilder, manager	Date: May 4, 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: May 23, 2018