



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

TIME IN	12:58 pm	TIME OUT	2:40 pm
DATE	March 22, 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: Crystal & Rich's Produce and Tropical Snow		OWNER: Richard Figge	PERSON IN CHARGE: Anthony Benfield	
ADDRESS: 525 Potosi Street		ESTABLISHMENT NUMBER: 0154	COUNTY: St. Francois	
CITY/ZIP: Farmington 63640		PHONE: (636)208-7602	FAX: none	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS				
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 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 type="checkbox"/> N/O <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 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 checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <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 checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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			<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			<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"/> QVT	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"/> QVT <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 checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 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 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		

Person in Charge /Title: <i>Anthony Benfield</i> Anthony Benfield		Date: March 21, 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: April 2, 2018



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ESTABLISHMENT NAME Crystal & Rich's Produce and Tropical Snow		ADDRESS 525 Potosi Street	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Walk-in cooler, ambient	40
		True 2-door cooler, in produce hut, ambient	40
		Dippin Dots freezer, back room of Tropical Snow, ambient	0
		Chest freezer, back room of Tropical Snow, ambient	0
		Maytag chest freezer, kitchen of Tropical Snow, ambient	15

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
3-501.17A	PRODUCE HUT Discard dates were not observed on the cut cantaloupe in the True cooler. Cut melons are a potentially hazardous food and shall be labeled with the date of disposition, which is the day of cutting plus an additional six days. Please label these foods with a discard date.	3/22/18	MB ↓
4-601.11A	TROPICAL SNOW BUILDING Food splatters observed inside the microwave oven. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the microwave after use.	3/23/18	
6-501.111	Spider webs observed in the water heater cabinet. Facility shall be free of pests. Please remove spider webs and clean cabinet. If spider webs return, begin an approved method of pest control.	4/2/18	
7-202.12A	Four cans of wasp and hornet spray were stored below the kitchen sink. This product was not labeled for use in a food establishment. Only pesticides labeled for use in a food establishment may be used in the produce areas and Tropical Snow building. Please remove this pesticide from the facility.	3/23/18	
4-601.11A	The ice maker tins held dirty water, and several tins were on the floor. The tins were dirty. Food contact surfaces shall be clean to sight and touch. Please thoroughly clean all tins and ice maker by wash, rinse, sanitize and air dry. Equipment may not be stored on the floor; store unused tins at least six inches off the floor.	4/2/18	
NOTE	The Tropical Snow building was not in use for snowcone making during this inspection, but was being used for preparation of cucumber salad and cut melons for retail sale in the produce hut.		

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
3-305.11A	PRODUCE AREA Several bags and boxes of produce were stored on the floor in the storage shed. Food shall be stored a minimum of six inches off the floor. Please elevate food. COS by elevating on pallets	COS	AB ↓
6-501.12A	Accumulation of debris observed on the floor of the walk-in cooler. Physical facility shall be kept clean. Please clean floor, including under shelves and pallets, as often as needed to keep clean.	4/2/18	
4-204.112A	A thermometer was not found inside the True cooler. Thermometers shall be placed in a convenient-to-read location in the warmest part of the cooler. Please attach an accurate thermometer near the front of this cooler.	3/24/18	
5-501.113	The lids on the outside trash dumpster were open. Trash dumpster lids shall be kept closed to reduce pest attraction and retain refuse inside the dumpster. Please keep lids closed.	3/22/18	
6-501.18	TROPICAL SNOW BUILDING The handwashing sink in the bathroom was dirty. Handwashing sinks shall be kept clean. Please clean all surfaces of this sink as often as needed to keep clean.	3/23/18	
4-601.11C	The cabinet below the handwashing sink in the bathroom had an accumulation of debris and mold growth. Please clean/refinish or replace this cabinet.	4/2/18	
4-601.11C	One chest freezer in the kitchen unplugged. Ice bags and water from melted ice was pooled in the freezer. Please thoroughly wash, rinse, sanitize and air dry the freezer after all debris and water are removed.	4/2/18	
6-501.12A	The floor in all areas of this building was dirty. Please clean all floors, including behind and under all equipment.	4/2/18	

EDUCATION PROVIDED OR COMMENTS

NOTE: a line through an item on page one indicates the item was not observed or is not applicable.
 NOTE: Mr. Anthony Benfield was the only staff at the facility during this visit. This report will be emailed to Richard Figge, owner.

Person in Charge /Title: <i>Anthony Benfield</i>	Anthony Benfield	Date: March 21, 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: April 2, 2018



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4-601.11C	TROPICAL SNOW BUILDING Chocolate splatters were observed on the lower shelf, located near the in-use chest freezer in the kitchen, and on the cabinet doors below the sink. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean shelves and cabinet fronts as often as needed to keep clean.	4/2/18	H.B
6-101.11A	The floor in the drive-up area lacked a covering, exposing bare wood, and slatted wood to the crawl space below. Facility shall be sealed from pest entry, and flooring shall be smooth, nonabsorbent, and cleanable. Please repair the floor in this area; seal new covering at wall/floor junctures with coving to allow effective cleaning.	4/2/18	↓
4-501.14	All sinks were dirty. Sinks in which food or equipment are placed shall be cleaned and sanitized before and after use. Please keep sinks clean.	3/23/18	
4-601.11C	The hood above the stove was dusty. Please clean all surfaces of hood as often as needed to keep clean.	3/23/18	
4-601.11C	The shelves in the door of the GE refrigerator were dirty. Please clean the inside of this refrigerator.	4/2/18	
3-602.11	Cut melons and cucumber salad that are prepared on-site and packaged for retail in the produce hut were not fully labeled. Foods that are packaged for retail shall be labeled with (A) the name and place of business (ex: Crystal & Rich's Produce, Farmington, MO); (B) the name of the food; (C) the quantity of the contents; (D) if made from two or more ingredients, a list of ingredients; (E) a declaration of major allergens. Please label the cucumber salad with all of the above, and the cut melons with A and B above. This also applies to food that is repackaged such as nuts and peanuts. Please label all foods that are prepared on-site or repackaged from bulk for retail sale.	4/2/18	

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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		Follow-up Date: April 2, 2018