



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

|         |         |          |        |
|---------|---------|----------|--------|
| TIME IN | 11:32am | TIME OUT | 1:15pm |
| DATE    | 1-13-17 | 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:<br>Cuzzin's  | OWNER:<br>Tim Wiles  | PERSON IN CHARGE:<br>Tim Wiles  |
| ADDRESS:<br>313 East Columbia  | ESTABLISHMENT NUMBER:<br>0818  | COUNTY:<br>187  |
| CITY/ZIP:<br>Farmington, 63640   | PHONE:<br>573-756-4422   | FAX:<br>na  |
| PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____   |  |   |
| ESTABLISHMENT TYPE<br><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<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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"/> NO <input type="checkbox"/> N/A             | Proper cooking, time and temperature   |     |                                     |
|   | Employee Health   |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input type="checkbox"/> N/A             | Proper cooling time and temperatures   |     |                                     |
| <input checked="" type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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/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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper date marking and disposition  |     | <input checked="" type="checkbox"/> |
| <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT  | Toxic substances properly identified, stored and used  |     | <input checked="" type="checkbox"/> |
| <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   |                                     |   |  |  |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food separated and protected  | <input checked="" type="checkbox"/> |   |  | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS=Corrected On Site      R=Repeat Item |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food-contact surfaces cleaned & sanitized   | <input checked="" type="checkbox"/> |   |  |  |     |                                     |
| <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 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 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  |     | <input checked="" type="checkbox"/> |
|                                     | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present   | <input checked="" type="checkbox"/> |   |                                     |                                     | Physical Facilities   |     |                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Contamination prevented during food preparation, storage and display                |                                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Hot and cold water available; adequate pressure                                       |     |                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |                                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Plumbing installed; proper backflow devices   |     |                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Wiping cloths: properly used and stored   |                                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Sewage and wastewater properly disposed   |     |                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Fruits and vegetables washed before use   |                                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Toilet facilities: properly constructed, supplied, cleaned                            |     |                                     |
|                                     |                                     |   |                                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Garbage/refuse properly disposed; facilities maintained                               |     |                                     |
|                                     |                                     |   |                                     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Physical facilities installed, maintained, and clean                                  |     |                                     |

|   |                                   |                        |                                |                  |   |
|---|-----------------------------------|------------------------|--------------------------------|------------------|---|
| Person in Charge / Title:<br><i>Tim Wiles</i> | Inspector:<br><i>John Wiseman</i> | Date:<br>July 13, 2017 | Telephone No.<br>(573)431-1947 | EPHS No.<br>1507 | Follow-up:<br>Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|-----------------------------------|------------------------|--------------------------------|------------------|---|



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|--------------------------------|--|------------------------------|--------------------------------|--|
| ESTABLISHMENT NAME<br>Cuzzin's |  | ADDRESS<br>313 East Columbia | CITY /ZIP<br>Farmington, 63640 |  |
| FOOD PRODUCT/LOCATION          |  | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION         |  |
| Kitchen prep cooler amb        |  | 32                           | Chest freezer                  |  |
| Raw burger in prep cooler      |  | 38                           | Walk-in cooler                 |  |
| Cold Hold: lettuce, tomato,    |  | 41, 41                       | Beer coolers                   |  |
| American cheese                |  | 39                           | Glass front bar cooler         |  |
| Frigidaire cooler/freezer      |  | 32, 0                        |                                |  |

| Code Reference | PRIORITY ITEMS<br>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 |
|----------------|---|-------------------|---------|
| 3-302.11       | Raw beef steaks were observed stored above breaded mushrooms in the Frigidaire freezer. Food shall be protected from cross contamination by storing raw animal protein away from and below food that do not require minimum cooking temperatures. COS by rearranging the foods. | COS               | T W     |
| 4-601.11A      | Food residue was observed inside the kitchen microwave. Food contact surfaces shall be clean to sight and touch. COS by washing, rinsing and sanitizing the microwave interior.   | COS               |         |
| 3-501.17A      | A discard date was not observed on American cheese not in its original packaging. Potentially hazardous foods held refrigerated shall be marked with a discard date. COS by marking the food with a discard date.   | COS               |         |
| 3-302.11       | Raw eggs were observed stored above ready to eat foods in the Frigidaire cooler. Food shall be protected from cross contamination by storing raw animal protein away from and below ready to eat foods. COS by rearranging the foods.   | COS               |         |
| 3-302.11       | Raw fish were observed stored atop French fries in the kitchen chest freezer. Food shall be protected from cross contamination by storing raw animal protein away from and below food that do not require minimum cooking temperatures. COS by rearranging the foods.           | COS               |         |
| 7-201.11       | A bottle of hand lotion was observed stored on a shelf above clean food equipment. Toxic materials shall be stored where they cannot contaminate food, equipment or single use items. COS by removing the hand lotion.  | COS               |         |

| Code Reference | CORE ITEMS<br>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 |
|----------------|---|-------------------|---------|
| 4-501.11B      | The door seal on the kitchen prep cooler was observed to be broken with food debris trapped in the seal. Equipment components such as door seals shall be maintained intact. Please replace the door seal.  | next routine      | T W     |
| 6-501.12A      | An accumulation of grease was observed on the floor below the fryer in the kitchen. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor below the fryer.  |                   |         |
| 3-305.11A      | A bag of onions was observed on the floor in the walk-in cooler. Food shall be protected from contamination by storing it at least six inches off of the floor. COS by removing the onions from the floor.  | COS               |         |
| 4-302.14       | Chlorine sanitizer test strips were not available in the facility. An appropriate sanitizer test kit shall be available to determine proper sanitizer concentration. Please obtain chlorine sanitizer test strips.  | next routine      |         |
| 4-601.11C      | Mold and debris was observed in the door glides of the beer coolers. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. COS by cleaning the door glides.   | COS               |         |
| 5-501.17       | The trash can in the women's rest room does not have a lid. A toilet room used by females shall be provided with a covered waste can for sanitary napkins. Please provide a covered trash can in the women's restroom.  | next routine      |         |

EDUCATION PROVIDED OR COMMENTS

|  |                             |                     |
|--|-----------------------------|---------------------|
| Person in Charge /Title: <i>Tim Wiles</i> Tim Wiles                            |                             | Date: July 13, 2017 |
| Inspector: <i>John Wiseman</i> John Wiseman                                    | Telephone No. (573)431-1947 | EPHS No. 1507       |
| Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Follow-up Date:     |



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| ESTABLISHMENT NAME<br>Cuzzin's |  | ADDRESS<br>313 East Columbia |                        | CITY / ZIP<br>Farmington, 63640 |              |
| FOOD PRODUCT/LOCATION          |  | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION |                                 | TEMP. in ° F |
|                                |  |                              |                        |                                 |              |
|                                |  |                              |                        |                                 |              |
|                                |  |                              |                        |                                 |              |
|                                |  |                              |                        |                                 |              |

| Code Reference | PRIORITY ITEMS<br>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 |
|----------------|--|-------------------|---------|
| 6-501.111      | Debris and ants were observed in the multi-port dispenser drain at the bar. The presence of insects shall be controlled to minimize their presence on the premises. COS by cleaning the dispenser drain.   | COS               | TW      |
| 4-501.114      | The chlorine sanitizer located at the bar was observed to be at a concentration greater than 100 ppm. Chlorine sanitizers shall be concentrated to 50 - 100 ppm. COS by remaking the sanitizer.  | COS               |         |

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|----------------|---|-------------------|---------|
|                |   |                   |         |

EDUCATION PROVIDED OR COMMENTS

*Tim Wiles*

Person in Charge / Title: Tim Wiles Date: July 13, 2017

Inspector: *John Wiseman* John Wiseman Telephone No. (573)-431-1947 EPHS No. 1507 Follow-up:  Yes  No Follow-up Date: