



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

TIME IN	11:12 am	TIME OUT	1:00 pm
DATE	July 9, 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: Cuzzin's	OWNER: Tim Wiles	PERSON IN CHARGE: Kim Barnhouse
ADDRESS: 313 East Columbia Street	ESTABLISHMENT NUMBER: 0818	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: 573.756.4422	FAX: none
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 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 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"/> OUT N/O N/A	Proper cooking, time and temperature		
Employee Health							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT N/A	Proper date marking and disposition		✓
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/O N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible				Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
IN OUT	Food in good condition, safe and unadulterated	✓		IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT N/A	Chemical		
Protection from Contamination							
IN OUT N/A	Food separated and protected	✓			Food additives: approved and properly used		
IN OUT N/A	Food-contact surfaces cleaned & sanitized	✓			Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				Conformance with Approved Procedures		
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							

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
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	✓		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	✓		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Food Identification				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Person in Charge /Title: <i>Kim Barnhouse</i>	Kim Barnhouse	Date: July 9, 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: July 23, 2018



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

ESTABLISHMENT NAME Cuzzin's		ADDRESS 313 East Columbia Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Hamburger, grill		192	Frigidaire refrigerator/kitchen: ambient, chicken wings		40, 36
Walk-in cooler, ambient		48	Prep table, top: cut tomatoes, cut lettuce		41, 41
Frigidaire freezer, kitchen, ambient		0	Prep table, bottom: ambient, ham		39, 40
Kenmore chest freezer/kitchen: ambient		0			
Philly steak, grill		212			

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

4-601.11A	KITCHEN Food splatters observed on the inside of the Emerson microwave oven. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize inside of microwave at least every four hours while in continual use, or more often if needed to keep clean. CORRECTED ON SITE by cleaning	COS	UB
4-202.11A	The coating on a 1-qt. Farberware pot was peeling. Food contact surfaces shall be smooth and free of imperfections. Please dispose of pot. CORRECTED ON SITE by disposing of pot.	COS	
3-501.17A, B	Chicken wings and tuna salad in the Frigidaire refrigerator were labeled with the day of preparation; repackaged ham in the bottom of the prep cooler was not date labeled.. Potentially hazardous food that is ready-to-eat and held more than 24 hours shall be labeled with the day of disposition, which is the day of preparation (or opening) plus an additional six days. Ready-to-eat food includes food that is fully-cooked but may be re-heated. CORRECTED ON SITE by dating correctly	COS	
3-302.11A	Raw beef and raw chicken were stored above cheese and other ready-to-eat foods in the Frigidaire freezer. Raw animal-derived foods shall be stored separately or below all other foods. Please store the raw beef and chicken below the other foods. Store beef and chicken separately or with beef above chicken. CORRECTED ON SITE by rearranging food to prevent cross contamination.	COS	

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

4-903.11A	KITCHEN A box of single-use food containers were stored on the floor in front of the handwashing sink. Single-use items shall be stored a minimum of six inches off the floor. Please elevate box and store in a location other than in front of the handwashing sink to allow easy access to the sink. COS by placing off floor	COS	UB
4-904.11B	Silver utensils were stored with their handles down in two containers, stored on the counter below the microwave oven. Utensils shall be stored with their handles up to prevent contamination of the food-contact surface when retrieving. Please store the utensils with handles up.	7/9/18	
6-303.11B	The lighting in the warewashing area was very dim. Lighting shall provide adequate light for cleaning. Please replace bulbs or the fixture in the ceiling lights, or install additional lighting.	7/23/18	
6-501.11	An area of the floor in front of the walk-in cooler was in poor condition, sinking in when stepped on.	7/23/18	
6-101.11A	Linoleum was missing over a portion of the floor. Physical facilities shall be maintained in good repair, and floors shall be sealed, smooth, and non-absorbent to allow effective cleaning. Please repair floor and seal.		
4-904.11B	Plastic utensils were stored with their handles down in a container by the prep cooler. Please store with handles up.	7/9/18	
4-501.11A	The walk-in cooler had an ambient temperature of 48F. Potentially hazardous food shall be held at 41F or lower. NOTE: There was no potentially hazardous food held in this cooler during this visit. Please do not place any potentially hazardous food in this cooler until it reliably holds at 41F or lower.	7/29/18	
4-204.112A	A thermometer was not found inside the walk-in cooler, the Frigidaire freezer, or the prep cooler. Accurate thermometers shall be installed in easy-to-read location in the warmest part of the coolers. CORRECTED ON SITE by installing thermometers.	COS	

EDUCATION PROVIDED OR COMMENTS

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

Person in Charge /Title: <i>Kim Barnhouse</i>	Kim Barnhouse	Date: July 9, 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: July 23, 2018



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

ESTABLISHMENT NAME Cuzzin's		ADDRESS 313 East Columbia Street	CITY/ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Keg cooler/bar, ambient	35		
Chest beer cooler/bar, ambient	41		
Chest beer cooler/ambient, ambient	38		
glass-front cooler/bar: ambient	309		

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

3-101.11	BAR A fruitfly was found in the bottom of a Red Label whiskey. Food shall not be adulterated. Please discard whiskey. COS by discarding whiskey.	COS	KB
4-101.11A	A blue bucket, used for ice, was stored on top of the ice maker. This bucket may not be food-grade. Food contact surfaces shall be safe and not impart deleterious substances to the food. Please determine whether this bucket is food-grade; if not, please replace with a food-grade ice bucket.	7/10/18	

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

6-501.14A	BATHROOMS, DINING, AND ENTRY DOORS The covers over the mechanical fans in the women's bathroom and in the men's urinal room were dirty. Ventilation systems shall not be a source of contamination. Please clean vent covers as often as needed to keep clean.	7/23/18	KB
6-202.15A	Daylight observed near the bottom of the door leading to the volleyball area. Outside entries shall be sealed to reduce pest entry points. Please seal door.		
4-601.11C	BAR Water was pooled in the bottom of the keg cooler; debris and mold observed in this cooler. Please dry and clean bottom of cooler. Please keep cooler dry and use sanitizer to reduce mold growth.		
4-601.11C	Debris/mold observed on the sliding door ledges of the chest beer coolers. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean ledges; use sanitizer after cleaning to reduce mold growth.		
4-601.11C	Accumulation of debris observed on the door ledge of the sliding glass-front cooler. Please clean the door ledge as often as needed to keep clean.		
6-501.18	The handwashing sink was dirty. Handwashing sinks shall be kept clean. Please clean the sink as often as needed to keep clean.		
4-302.14	Test strips to check chlorine concentration in sanitizer were not available. Please supply test strips that read from 10 to 200 ppm for both the kitchen and the bar. Chlorine concentration shall be 50 to 100 ppm in sanitizers.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Kim Barnhouse</i>	Kim Barnhouse	Date: July 9, 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: July 23, 2018