



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

TIME IN	5:42 pm	TIME OUT	7:23 pm
DATE	May 26, 2017	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: DDF Auction House		OWNER: Danny Hall		PERSON IN CHARGE: Danny Hall	
ADDRESS: 3401 Highway Y			ESTABLISHMENT NUMBER: 4658		COUNTY: St. Francois
CITY/ZIP: Valles Mines 63087		PHONE: (636)208-6415		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 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u>see note</u> 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 N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN OUT N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN OUT N/O	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input type="checkbox"/> IN OUT	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN OUT N/O	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN OUT	Food additives: approved and properly used		
<input type="checkbox"/> IN	Food received at proper temperature			<input type="checkbox"/> IN	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	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN OUT	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input type="checkbox"/> IN	Food separated and protected		<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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	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"/>	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 checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					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 checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
						<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Danny Hall</i> Danny Hall		Date: May 26, 2017	
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: 6/6/17



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

ESTABLISHMENT NAME DDF Auction House		ADDRESS 3401 Highway Y		CITY /ZIP Valles Mines 63087	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, GE freezer		15	GE refrigerator: ambient, raw hamburger		41, 45
Cut lettuce, cut tomatoes, countertop		72, 70	Hamburger, grill		188
Brown refrigerator (beverages only) ambient		42			
Brown freezer		8			
Cheese, hot hold		140			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.			
NOTE	A container of cut lettuce and a container of cut tomatoes were on the countertop. They had internal temperatures of 72F and 70F, respectively. Potentially hazardous food shall be held at 41F or lower. Food that is prepared at room temperature shall be cooled to 41F within two hours. Please pre-cool tomatoes and lettuce before cutting; if stored on counter, place in an ice water bath and monitor temperature to ensure they remain below 41F. According to owner, the lettuce and tomatoes were just cut prior to my arrival. The containers of food were placed in the refrigerator for cooling and storing.		
3-302.11A	A chub of raw hamburger was stored in the drawer with a head of lettuce in the GE refrigerator. Food shall be protected from cross contamination when in storage. Please store raw animal-derived foods separately or below all other food. COS by moving lettuce to shelf above hamburger.	COS	DHL
7-202.12A	A can of Hot Shot ant killer was stored under the kitchen sink. This pesticide is not approved for use in a food facility. Please remove from facility and use only insecticides that are approved for use in a food establishment, and use according to label directions. COS by removing Hot Shot from food area.	COS	
7-207.11	A bottle of antacids was stored above food on a mobile cart in the kitchen. Medicines and personal items shall be stored in a designated location where food, clean equipment, clean linens, single-use items cannot be contaminated. COS by moving antacids.	COS	
6-501.111	Live spider and webs observed in the women's bathroom. Facility shall be free of pests. Please remove all evidence of pests and begin an approved method of pest control.	5/30/17	
6-501.111D	Woody vegetative growth observed around the outside perimeter wall of facility. Excessive growth shall be controlled to prevent pest harborage. Please remove woody vegetation.	5/30/17	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.			
4-601.11C	Mold and debris observed on the door seals on the GE refrigerator and door seals of the GE freezer; food spills observed in side the freezer, and food debris inside the drawer of the refrigerator. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean and sanitize inside surfaces and seals of the refrigerator and freezer.	5/30/17	DHL
3-305.11A	The GE freezer had an accumulation of frost on the inside. Food shall be protected from contamination. Please defrost freezer.		
6-301.11	There was no soap at the handwashing sink in the kitchen. Handwashing sinks shall be supplied with soap at all times. COS by supplying soap.		
6-301.12	The paper towels for the handwashing sink were above the food preparation counter. This presents a contamination from splash onto the work surface and food. Please provide paper towels in a dispenser close to the handwashing sink and where clean equipment, food, single-use items, or clean linens cannot be contaminated from splash when retrieving towel.		
4-501.14	Accumulation of debris observed on the kitchen sink ledges, faucets and handles. Sinks shall be cleaned as often as needed to keep clean. Please clean and sanitize all surfaces of sinks at least daily when in use.		
6-501.12A	Accumulation of debris on the pipes below the kitchen sinks. Please clean pipes when cleaning kitchen area.		
6-302.11	The toilet paper was not in a dispenser in the men's bathroom. Toilet paper shall be dispensed in a sanitary manner. Please keep toilet paper in dispenser.		
6-301.12	The paper towel dispenser in the men's bathroom was broken and would not hold the towels. Paper towels shall be dispensed in a sanitary manner. Please replace dispenser.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title: <i>Danny Hall</i>		Danny Hall		Date: May 26, 2017	
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: 6/6/17



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NOTE	The on-site wastewater treatment system (OWTS) was observed during this visit and appeared to be functioning properly.		
NOTE	Mr. Hall will make arrangements with Ms. Cipp to have two water samples collected on Tuesday morning (May 30) between 8:30 and 8:45 am. One water sample will be for bacteriological analysis, the other for mineral analysis. The chlorine level will be checked for correct concentration of free chlorine. The wellhead and chlorinator will inspected at the same time. Rose will call Mr. Hall on 5/29 to verify, after 4 pm. On May 29, I called Mr. Hall to verify the follow-up and water collection on 5/30/17. Mr. Hall said his brother was in intensive care at the hospital and asked if we could schedule the water collection and follow-up for the week of June 4. He will contact Ms. Sipp, owner of the well and chlorinator, to arrange for water collection, and well and chlorinator inspection ,on June 6, 2017. To verify, contact Mr. Hall at (636) 208-6415 after 4:00 pm.		

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
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6-101.11A	Insulation was exposed where the wallboard was removed in the men's bathroom. Walls shall be nonabsorbent and cleanable. Please repair wall.	5/30/17	
6-101.11A	The wallboard was removed around pipes in side the wall in the female's bathroom. Please cover hole to seal wall to prevent areas for pesticides to hide.		
4-904.11A	Two boxes of single-use foam cups were stored on the floor in the chip vending area. Single use items shall be stored a minimum of six inches off the floor. Please elevate boxes off floor.		
4-601.11C	Debris and mold observed on the insides and seals of the brown refrigerator and freezer, stored outside the kitchen entry. Please clean and sanitize insides of refrigerator and freezer.		

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