



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

TIME IN	4:30 pm	TIME OUT	5:35 pm
DATE	Sept. 14, 2018	PAGE	1 of 2

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: Farmington Band Boosters Concession Stand		OWNER: Farmington Band Boosters		PERSON IN CHARGE: Toni Martin, PIC	
ADDRESS: 1 Black Knight Drive			ESTABLISHMENT NUMBER: 4703		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)701-1310		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 _____					
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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO <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 type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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"/> NO <input 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"/> NO <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> IN <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"/> NO <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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"/> NO <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food obtained from approved source	✓		<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input type="checkbox"/> N/A	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 checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input 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 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"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Toni Martin</i> Toni Martin, PIC		Date: September 14, 2018	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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ESTABLISHMENT NAME Farmington Band Boosters Concession Stand		ADDRESS 1 Black Knight Drive	CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	
Frigidaire freezer, ambient		20	Cooked pork in zip-lock, in portable cooler	
Single-door cooler, ambient (beverages)		45	Cooked pork in aluminum tray, in portable cooler	
2-door cooler, ambient		38		

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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.		
3-201.11A	Pork is cooked at a home and brought to the concession stand for reheating. Food shall come from an inspected facility. Please remove or discard pork from the concession stand. Prepare food in an inspected facility, or purchase pre-cooked pork. CORRECTED ON SITE by removing from facility.	COS	
3-501.16A	Pulled pork that was cooked at a home had internal temperatures of 51F and 56F. Food shall be held at 41F or lower. It is not known how long this food has been out of temperature control, nor whether it was cooled correctly. Please discard or remove pork from facility. CORRECTED ON SITE by removing from facility.	COS	
	NOTE: Pork is cooked and cooled. Because the pork is cooked in a home, it is not known whether the food was cooled correctly. To cool food, monitor time and temperature. Cool from 135F to 70F within two hours, then from 70F to 41F within an additional four hours. If the first benchmark is not met, the food may be reheated to 165F for 15 seconds and begin the cooling process again. If the second benchmark is not met, discard the food. To facilitate cooling, divide food into small portions and place in shallow pans. Nest pans in an ice bath.		
2-301.14I	Workers came into the kitchen to work, but did not wash their hands. Hands shall be washed upon entering the kitchen at any time. CORRECTED ON SITE by discussion and washing hands.	COS	
	NOTE: all food served is pre-cooked except for pulled pork. There was no food prepared for temperature checking before ending this inspection. The food was observed handled correctly as it was placed in cookers		

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). These items are to be corrected by the next regular inspection or as stated.		
4-903.11A	A box of single-use cups and a box of napkins were stored on the floor in the dry storage room. Single-use items shall be stored a minimum of six inches off the floor. Please elevate these boxes. CORRECTED ON SITE by picking boxes up off floor!	COS	
4-501.16	Staff were observed washing hands at the 3-vat sink. Hands shall be washed at the handwashing sink only. CORRECTED ON SITE by discussion with staff and washing at handwashing sink.	COS	
2-301.12B	Staff observed drying hands on cloth towels. Hands shall be dried using single-use towels. Please ensure all workers dry hands using paper towels through a dispenser. CORRECTED ON SITE by discussion and using paper towels.	COS	
4-501.11A	The single-door cooler had an ambient temperature of 45F. Only non-potentially hazardous beverages were held in this cooler. Please repair or replace refrigerator to reliably hold at 41F or lower.	9/30/18	<i>Jon</i>
4-302.14	The test strips to check the concentration of chlorine in sanitizer solutions were designed for pools, and measured only to 10 ppm chlorine. Sanitizer test strips need to measure in the range of 10 to 200 ppm	9/30/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Martin</i>		Toni Martin, PIC	Date: September 14, 2018
Inspector: <i>Roemier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: