



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

| | | | |
|---------|---------|----------|---------|
| TIME IN | 10:14am | TIME OUT | 11:47am |
| DATE | 2-10-18 | 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 Civic Center Concessions | | OWNER: City of Farmington | | PERSON IN CHARGE: William Standiford | |
| ADDRESS: 2 Black Knight Drive | | | ESTABLISHMENT NUMBER: 0150 | | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | | PHONE: 573-756-0900 | | FAX: 573-756-2888 | |
| 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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"/> 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input type="checkbox"/> IN <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"/> NO <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"/> COS <input 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"/> OUT | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | ✓ | | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | 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 type="checkbox"/> | <input checked="" 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 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"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | |
|--|--------------|--------------------------------|------------------|
| Person in Charge / Title: William Standiford | | Date: February 10, 2018 | |
| Inspector: | 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 Farmington Civic Center Concessions | | ADDRESS 2 Black Knight Drive | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Front beverage cooler | | 36 | | | |
| Nacho cheese | | 140 | | | |
| Hot hold: burgers, hot dogs, pizza | | 137, 146, 139 | | | |
| Kenmore refrigerator/freezer | | 32, 0 | | | |
| Kenmore upright freezer | | 10 | | | |

| 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 |
|----------------|---|-------------------|---------|
| 2-301.14 | Employees were observed donning new single use gloves without washing their hands. Very little hand washing was observed in general. Employees shall wash their hand prior to engaging in food preparation or service; after eating, drinking or smoking, after using the restroom or any other activity which may contaminate hands. COS I have discussed the importance of hand washing with the manager and staff. | COS | |
| 4-501.114 A | Food equipment was observed being washed in the two compartment sink in the back room area. The equipment was washed and rinsed but not sanitized. This sink is not approved for ware washing use. One basin is for hand washing and the other is for food preparation activities. After cleaning and rinsing, food equipment shall be appropriately sanitized. Wash, rinse and sanitize all food equipment in the three compartment sink located in the on-premises kitchen. Discontinue using the two compartment sink for cleaning equipment. COS by discussion. | COS | |
| 7-102.11 | An unlabeled spray bottle of clear liquid was observed stored with cleaning supplies below the two compartment sink in the back room area. Working containers of toxic materials shall be clearly and individually identified with the common name of the material. COS by discarding the bottle. | 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 |
|----------------|---|-------------------|---------|
| 6-301.11 | Hand soap was not available at the hand wash sink in the front service area. Hand wash sinks shall be supplied with hand soap from a conveniently located dispenser. Please provide hand soap from a dispenser at this location. | next routine | |
| 6-501.12A | An accumulation of water and debris was observed below bag-in-box soda syrups at the front service area. Physical facilities shall be cleaned as often as necessary to keep clean. Please clean the floor as necessary. | ↓ COS | |
| 3-304.14E | An employee was observed wetting a cloth in the two vat and using it to wipe counter surfaces. Cloths used for removing drips, spills or cleaning counter tops or equipment surfaces shall be held in an appropriate chemical sanitizer between uses. COS by using a bucket of chlorine sanitizer and a wiping cloth. | COS | |
| 4-203.12B | A thermometer was not located in the Kenmore refrigerator. Mechanically cooled food holding units shall be provided with a thermometer that is accurate to within three degrees F. Please place a thermometer in the refrigerator. | next routine | |
| 3-501.13A | A five pound block of frozen American cheese was observed thawing on the counter top in the back room area. Potentially hazardous food shall be thawed in a temperature controlled environment. COS by placing the cheese in the refrigerator. | COS | |
| 4-302.14 | Sanitizer test strips were not available for use in determining correct sanitizer concentrations. Please obtain chlorine sanitizer test strips. | next routine | |

EDUCATION PROVIDED OR COMMENTS

| | | | |
|---|------------------------------|-------------------------|--|
| Person in Charge / Title: William Standiford | | Date: February 10, 2018 | |
| Inspector: John Wiseman | Telephone No. (573) 431-1947 | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | Follow-up Date: |