



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

TIME IN 7:46 am	TIME OUT 1:58 pm
DATE July 11, 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: Farmington Meat and Processing	OWNER: Farmington Meat and Processing, Inc. (Jeff Nash Owner)	PERSON IN CHARGE: Gail Grindstaff
ADDRESS: 110 West First Street	ESTABLISHMENT NUMBER: 4141	COUNTY: St. Francois County
CITY/ZIP: Farmington, MO 63640	PHONE: 573.756.2204	FAX: 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: <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 checked="" 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"/> 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		<input checked="" type="checkbox"/>
	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 checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> OUT <input 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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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"/>	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 type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Gail Grindstaff</i> Gail Grindstaff	Date: July 11, 2017
Inspector: <i>Jon Peacock</i> Jon Peacock	Telephone No. (573) 431-1947
EPHS No. 880	Follow-up: Follow-up Date: 8/10/2017
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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ESTABLISHMENT NAME Farmington Meat and Processing		ADDRESS 110 West First Street	CITY /ZIP Farmington, MO 63640
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Retail Meat Display Case/Ambient		38-40	Chicken salad/Ham salad/Tuna Salad/Retail Meat Case
Pepsi/Coke glass front fridge/Ambient		38/40	True glass front display freezer/Ambient
Walk-in freezer/Ambient		0	Walk-in Cooler/Walk-in Freezer/Ambient
Haier small refrigerator/Ambient		36	

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
3-501.17A	Assorted luncheon meats, oberle sausage, cooked ham, ham hocks, etc., observed without date marking. Ready-to-eat (RTE) potentially hazardous foods (PHF's) refrigerated for more than 24 hours must be labeled with a discard date that is no more than 7 days, (i.e. the date of preparation/package opening plus 6 days). Please be advised that RTE, PHF's not labeled with a discard date are subject to discard.	COS by labeling	[Handwritten Initials]
3-502.12B	Reduced oxygen packaged (ROP) head cheese, smoked pork loin, cooked ham pieces and raw beef were observed in the retail meat refrigerated display case.	10/31/17	
3-502.12B	Reduced oxygen packaged (ROP) raw beef, chicken, fish and pork observed in the True glass-front display freezer. HACCP plans must be developed for these foods that contains information specified under section 8-201.14. The HACCP plans must be submitted to the St. Francois County Health Center (SFCHC). It is recommended to limit the foods that are packaged by the ROP methods.	10/31/17	
4-601.11A	Dried debris was observed on the back side of the cutting blades on both meat slicers. Food-contact surfaces of equipment must be clean to the sight and touch. These items must be washed, rinsed, sanitized and air dried in a 3-vat sink or by use of a clean-in-place (CIP) method (wash, rinse, sanitize and air dry) for those items that cannot be immersed in water. (Corrected on-site by cleaning)	COS	
7-204.11	A spray bottle labeled as "bleach water" was observed stored in a milk crate below the 3-vat sink. The solution was noted at a concentration >100 ppm chlorine. Chlorine sanitizing agents should be in the range of 50-100 ppm. (COS by reformulating the solution to 50 ppm)	COS	
7-204.11	Lavender scented bleach was observed in-use. Chemical sanitizers and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions). Please use unscented chlorine bleach.	7/11/17	

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
6-202.15A	Daylight was observed below the front entry door. Outer openings of a food establishment shall be protected against the entry of insects and rodents. Please seal.	8/10/17	[Handwritten Initials]
6-202.15A	Daylight was observed below the rear entry door. Outer openings of a food establishment shall be protected against the entry of insects and rodents. Please seal.		
6-202.15A	Exposed pipes observed through the exterior building wall on the east side were noted with 1/4 inch grid "hardware cloth" and large openings in the wall surround the pipes. Please fully seal the openings around the pipes and install 16 mesh-to-the-inch screening over the existing hardware cloth or install solid caps if piping is no longer in use to fully seal.		
6-501.12A	Debris was observed on the floor in the employee restroom behind the water heater. Physical facilities must be cleaned as often as necessary to maintain cleanliness.		
6-304.11	No mechanical ventilation system was observed in the employee restroom. Mechanical ventilation shall be provided to keep rooms free of excessive heat, condensation, vapors, obnoxious odors, smoke and fumes.		
5-205.15B	Water leaks were observed at the 2-vat sink. One leak was observed at the valve located below the mop sink basin and the other leak was observed at the base of the floor. A plumbing system shall be maintained in good repair. Please repair/replace.		
5-205.15B	A water leak was observed at the 3-vat sink. This leak was observed at the valve located below the far left sink basin (when facing the sink). A plumbing system shall be maintained in good repair. Please repair or replace the basin closure valve.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title: *Gail Grindstaff* Gail Grindstaff Date: July 11, 2017

Inspector: *[Signature]* Jon Peacock Telephone No. (573)431-1947 EPHS No. 880 Follow-up: Yes No Follow-up Date: 8/10/2017



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5-203.14B	Three (3) water connections were observed going into the Ultra Source smoker within the smoking room. No visible form of backflow prevention was observed on these water connections. Please install A.S.S.E. (American Society of Sanitary Engineering) rated backflow prevention devices on both water lines prior to the smoker. These backflow prevention devices must be installed in a visible location and according to the manufacturers' specifications.	8/10/17	
5-203.14B	A flexible hose was observed connected to a sill cock located in the smoking room. A plumbing system shall be installed to preclude backflow of a solid, liquid or gas contaminant into the water supply system at each point of use at a food establishment. Please install an A.S.S.E. rated hose bib vacuum breaker on this faucet.		
4-202.11A	Metal sheet pan observed with a crack in it. Also, a gray plastic tub was observed with a crack in it. Multi-use food contact surfaces shall be smooth, free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections. Please discard any utensil or equipment that is damaged and not cleanable.		
2-201.11 A-E	During this inspection it was determined an employee illness policy was not present in written form. A copy of the US FDA Employee Health and Hygiene Handbook was provided during this visit. Please develop a written policy that will require food employees and conditional employees to report to the person-in-charge information about their health and activities as they relate to diseases that are transmissible through food. Also, the policy must describe when and under what conditions a food employee may be restricted, excluded and the procedures for reinstating a food employee. The US FDA Employee Health and Hygiene Handbook may be utilized as the employee illness policy. If so, please provide a written statement acknowledging the use of this handbook and maintain a copy of this book on the premises.		

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

EDUCATION PROVIDED OR COMMENTS

A copy of the US FDA Employee Illness and Personal Hygiene Handbook will be provided to this establishment.

Person in Charge /Title:		Gail Grindstaff	Date: July 11, 2017
Inspector:	Jon Peacock	Telephone No. (573)-431-1947	EPHS No. 880
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 8/10/2017	