



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

TIME IN	11:26 am	TIME OUT	12:05 pm
DATE	May 10 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 R-VII Washington-Franklin School		OWNER: Farmington R-VII School District	PERSON IN CHARGE: Crissy Barger	
ADDRESS: 103 Murphy		ESTABLISHMENT NUMBER: 0850	COUNTY: St. Francois (187)	
CITY/ZIP: Farmington, MO 63640		PHONE: 573.701.1350	FAX: 573.701.1359	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD				
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hands clean and properly washed			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> <input type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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	COS	R	IN	OUT	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required				In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source				Utensils, equipment and linens: properly stored, dried, handled			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Adequate equipment for temperature control				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"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Prevention of Food Contamination				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fruits and vegetables washed before use				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				Physical facilities installed, maintained, and clean			

Person in Charge / Title: <i>Crissy Barger</i> Crissy Barger		Date: May 10, 2018	
Inspector: <i>Jon Peacock</i> Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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ESTABLISHMENT NAME Farmington R-VII Washington-Franklin School		ADDRESS 103 Murphy		CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
No temperatures taken during this visit					

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
Note:	A hose bib vacuum breaker was observed installed on the wye connector in the laundry machine closet. However, I could not determine if this device was A.S.S.E. (American Society of Sanitary Engineering) rated. Please review to ensure it is A.S.S.E. rated and located this rating placard so as to be visible.	Will monitor on 2018-19 inspection	
Note:	The Scotsman ice machine was observed with a sign posted "Kitchen Staff Only" on the ice storage bin door. As previously discussed, it is recommended that ice be dispensed by kitchen staff from the ice bin, a separate ice dispenser or a small easily-cleanable ice storage cooler equipped with a drain opening be obtained for faculty, other staff and students, and the ice machine be protected/secured to prevent access from persons other than kitchen staff. This matter will be further reviewed during the 2018-2019 routine inspection.		

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
3-305.11A	Ice buildup on ceiling of walk-in freezer. Ice was observed accumulated on food boxes within this unit. Food shall be stored in a clean, dry location where it is not exposed to splash, dust, or other contamination and at least 6 inches above the floor. Please remove the ice and prevent the accumulation of ice on food packaging. (IN the interim, please cover all foods with plastic, cardboard, etc. to minimize ice buildup on food packaging. Will monitor on 5-10-18)	2018-19 routine inspection	
6-501.11	Peeling paint was observed on the wall in walk-in freezer. The peeling paint was observed on the upper wall above where foods were stored. Physical facilities shall be maintained in good repair. Please remove the loose paint and repaint these surfaces.		

EDUCATION PROVIDED OR COMMENTS

(Note: = NO/NA)

Person in Charge /Title: Crissy Barger		Date: May 10, 2018	
Inspector: Jon Peacock	Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: