



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

TIME IN	7:46 am	TIME OUT	10:04 am
DATE	May 10, 2018	PAGE	1 of 4

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: Krak N Jacks	OWNER: Marcus Clinton	PERSON IN CHARGE: Jodi Miller
ADDRESS: 118 East Liberty	ESTABLISHMENT NUMBER: 4675	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: 573.756.0005	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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" 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 checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<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 type="checkbox"/> N/O <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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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	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 type="checkbox"/>	<input checked="" 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"/>			Utensils, Equipment and Vending			
Approved thawing methods used				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Thermometers provided and accurate				Warewashing facilities: installed, maintained, used; test strips used			
				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Food Identification				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Physical Facilities			
Food properly labeled; original container				Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Sewage and wastewater properly disposed			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fruits and vegetables washed before use							

Person in Charge /Title: <i>Jodi Miller</i>	Jodi Miller	Date: May 10, 2018
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: May 24, 2018



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Krack N Jacks		ADDRESS 118 East Liberty		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, walk-in cooler		40			
Ambient, beverage cooler		40			
Ambient, freezer		20			

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-101.11A	<b>SERVICE AREA AND WALK-IN COOLER</b> A black trash bag was placed over a 5-gallon bucket of fritter dough in the walk-in cooler. Food contact surfaces shall be made of safe materials. Please cover the dough with food-grade plastic or other safe cover.	5/11/18	Jm
4-601.11A	One plastic container holding strawberry glaze/filling and another holding Saf Instant, stored in the walk-in cooler, were dirty. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize containers frequently.	5/11/18	
4-601.11A	Mold and debris observed on the inside of the beverage cooler (shelves, shelf liners, etc.). Please wash, rinse, and sanitize the inside of this cooler to reduce mold growth.	5/24/18	
4-601.11A	Food debris observed inside the microwave oven. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize this microwave at least every four hours, more often if needed to keep clean.	5/10/18	
4-202.11A	<b>CUTTING ROOM</b> Several yellow, plastic donut trays were observed with cracks or breaks. Food contact surfaces shall be free of breaks and other imperfections. Please dispose of all broken or cracked trays.	5/24/18	
4-601.11A	The mixers and dough roller were observed with dried dough on the mixing utensils, bowls, shafts, and bodies. According to manager, this equipment will be cleaned in the evening. Please clean and sanitize all food contact surfaces after use to prevent pest attraction.	5/11/18	
4-601.11A	All food contact equipment in this room was dirty, especially those stored beneath the cutting table. Please wash, rinse, and sanitize all food-contact surfaces in this room and protect while in storage from contamination by covering with food-grade plastic or placing in tubs, etc.	5/12/18	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
3-305.11A	<b>SERVICE AREA AND WALK-IN COOLER</b> Three boxes of donuts that were to be picked up were sitting on the dining table. The donuts were not covered. Food shall be protected from contamination. Please keep donuts covered and protected from contamination or intentional adulteration by customers. CORRECTED ON SITE by placing donuts in proofer cabinet and discussion with owner.	COS	Jm
3-305.11A	Water was dripping from a pipe in the walk-in cooler onto food below. Food shall be protected from contamination from splash. Please repair so the unit does not leak and do not store food below the dripping water.	5/24/18	
6-501.12A	The floor in the walk-in cooler was dirty. Physical facilities shall be kept clean. Please clean the floor and remove the black build-up.	5/24/18	
6-501.12A	<b>ROOM NEXT TO WALK-IN COOLER (holding bags of donut flour)</b> Dead insects and an accumulation of debris were observed on the floor, especially under the pallets.	5/24/18	
6-501.112	Please clean the floor as often as needed to keep clean.	5/24/18	
6-202.15A	Holes observed in the ceiling. Facility shall be sealed to reduce pest harborage. Please seal holes to reduce areas for pests to enter and exit.	5/24/18	
6-501.18	<b>CUTTING ROOM</b> The handwashing sink was dirty. Handwashing sinks shall be kept clean. Please clean sink at least daily.	5/10/18	
6-501.12A 4-601.11C	This room needs to be cleaned daily: walls, floors, shelves, bulk containers of powders, drain pipes, and all equipment were all observed dirty. Please thoroughly clean everything in this room and clean daily to prevent debris build-up.	5/24/18	

EDUCATION PROVIDED OR COMMENTS

NOTE: A line through an item on page one indicates the item is not applicable or was not observed.

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Inspector:	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: May 24, 2018



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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6-202.15A	CUTTING ROOM, continued Holes observed in the walls and ceiling. Please seal all holes to reduce pest hiding areas.	5/24/18	
6-501.11	The wall was damaged by the dough roller. Walls shall be sealed and non-absorbent to allow cleaning. Please repair and seal wall.	5/24/18	
6-101.11A	A section of the floor was rough concrete, and a black material was adhered to the floor near the entry. Floors shall be smooth, nonabsorbent, and easily cleanable. Please remove the black material and any adhesive that remains, and seal the concrete.	5/24/18	
3-304/12A	The scoop inside a bulk container of flour was dirty, and a paper napkin was wrapped around the handle. In-use utensils shall be clean and non-absorbent. Please do not leave paper towel around the handle, and clean scoop as often as needed to keep clean.	5/10/18	
4-302.14	Sanitizer test strips were not available upon request. Please supply test strips to ensure chlorine concentration is between 50 and 100 ppm. Use to check solutions at least daily.	5/15/18	
6-501.12A	BATHROOM The floor behind the toilet and under the sink were dirty. Please clean floor as often as needed to keep clean.	5/24/18	
6-501.18	The handwashing sink was dirty. Please clean at least daily.	5/10/18	
6-202.11A	A hole was observed beneath the handwashing sink. Please seal hole.	5/24/18	
4-903.12A	Equipment was stored in the bathroom. Food equipment may not be stored in toilet rooms.	5/11/18	

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4-601.11A	<b>FRYER ROOM</b> Accumulation of grease and debris under the hood and on the fire suppression pipes above the deep fryer, posing a risk of debris falling onto donuts and grease vat. Please clean hood and pipes frequently to prevent debris accumulation.	5/24/18	
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6-501.12A	<b>MOP SINK ROOM</b>	5/24/18	
6-501.18	The mop sink, flat tray on floor, pipes, floor, and walls were dirty. Please clean as often as needed to keep clean.	5/24/18	
6-101.11A	Strips of black material were adhered to the floor, but coming loose at edges. Please remove material and adhesive to allow effective cleaning.	5/24/18	
6-202.11A	<b>FRYER ROOM</b>	5/24/18	
4-601.11C	Holes observed in the brick wall. Please seal all holes.	5/11/18	
3-305.11A	Food and grease observed on the donut arm attached to the deep fryer. Please clean all surfaces of equipment at least daily.	5/10/18	
4-601.11C	Lard was stored uncovered. Food shall be protected when not in use. Please cover lard.	5/24/18	
4-101.19	All shelves, milk crates, outsides and handles of proofers, were dirty. Please clean all surfaces that are soiled.	5/15/18	
4-601.11C	Cardboard lined a shelf holding grates. The cardboard was heavily soiled with grease. Surfaces requiring frequent cleaning shall be non-absorbent. Please store grates in or on a cleanable surface, and clean as often as needed to keep clean.	5/11/18	
4-601.11C	The inside of the Win-Holt proofer was dirty. Please clean all surfaces of the proofer.	5/11/18	

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Inspector: Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up:  Yes  No Follow-up Date: May 24, 2018