



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

TIME IN	10:35 am	TIME OUT	12:31 pm
DATE	March 17, 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: Long John Silver's / A & W		OWNER: Kathy Dziewa		PERSON IN CHARGE: Kathy Dziewa	
ADDRESS: 788 Maple Valley Drive			ESTABLISHMENT NUMBER: 3666		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)756-1000		FAX: (573)756-6236	
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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-17893, exp. 4-30-17		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"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT 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			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT 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 N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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: <i>Kathy Dziewa</i> Kathy Dziewa		Date: March 17, 2017	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: March 23, 2017 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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ESTABLISHMENT NAME Long John Silver's / A & W		ADDRESS 788 Maple Valley Drive		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Fish, deep fryer		202	Steam hot hold: hotdog, cheese, chili		150, 161, 167
Hamburger, broiler		177 to 182	Prep cooler: lettuce, tomatoes, hot dogs, ambient		36,33,37,37
SilverKing freezer, kitchen, ambient		20	Hot hold, serving: fish, chicken		173, 189
Delfield freezer, kitchen, ambient		10	Prep cooler: slaw (top), slaw (bottom), ambient		35, 35, 32
Soft serve mix, hopper		28	Walk-in freezer, ambient		0

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Hot hold steam units, storage room: Mac & cheese 173; rice 175; green beans 147; corn 160 Walk-in cooler: rice (cooling) 41, 42; green beans (cooling, placed in cooler 1.5 hours prior) 50 ambient 40		
7-201.11B	A container of sanitizer was stored on the tabletop with single-use cups. Sanitizer shall be stored below single use items, food, clean linens, and clean equipment. Please store sanitizer where these items cannot be contaminated. COS by moving to lower shelf	COS	
4-601.11A	Food debris observed on the onion cutter, stored on the lower shelf across from the 34-vat sink. Food contact surfaces shall be clean to sight and touch. Please inspect after cleaning. COS by moving to 3 vat sink for cleaning	COS	
4-601.11A 4-202.11A	Food debris observed on a colander, stored on shelf across from the 3-vat sink. Also the colander was dented. Food contact surfaces shall be clean and free of imperfections. Please discard colander. COS by discarding	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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4-501.11A	The towel dispenser at the handwashing sink in the kitchen was dirty and missing a cover. Equipment shall be maintained in good repair. Please clean and repair, or replace dispenser.	3/23/17	KD
5-501.115	Accumulation of food debris observed inside the trash can cabinets in the dining room, especially metal ledges, corners, and floor. Trash can enclosures shall be kept clean.	3/18/17	
4-601.11C	Black spots, possibly mold, observed inside the cabinet below the dining room soda dispenser. Facility shall be clean. Please clean and sanitize back wall and cabinet to reduce mold growth.	3/23/17	
6-501.14A	The grates over the fan vents in the male and female bathrooms were dirty. Ventilation systems shall not be a source of contamination. Please clean vents.	3/23/17	
4-601.11C	The area on the baby changing station that is touched when opening was sticky, and darker in color. Baby changing stations should be cleaned and sanitized at least daily. Please clean all surfaces.	3/17/17	
6-501.12A	Accumulation of debris observed on equipment and floor in the area where the pressurized tanks and the bag-in boxes are located. Please clean floor and equipment.	3/23/17	
4-601.12A	Accumulation of debris on the floor around the ice maker and the cookie cooker. Please clean under and around equipment.	3/23/17	
4-501.11A	The paper towel dispenser by the 3-vat sink was dirty and missing the cover. Please clean and repair, or replace the dispenser.	3/23/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Kathy Dziwka</i>		Kathy Dziwka		Date: March 17, 2017	
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: March 23, 2017



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ESTABLISHMENT NAME Long John Silver's / A & W	ADDRESS 788 Maple Valley Drive	CITY / ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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
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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
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4-903.11A	The top of the wall-mounted knife holder was dirty. Equipment shall be protected from contamination while in storage. Please clean all surfaces of knife holder.	3/17/17	K
6-501.12A	Debris on floor under storage shelves in the employee break room. Please clean floor under shelves.	3/23/17	
3-305.11A	Food was stored on the floor in the employee break room. Food shall be stored a minimum of six inches off the floor. Please elevate food off floor.	3/18/17	
5-501.114	The drain in the outside trash dumpster was missing a plug. Plugs shall be inserted in drains of outside trash receptacles. Please request trash company to install a plug in the drain.	3/23/17	
6-501.11	Coving tile broken at the corner of the entry in to the kitchen. Please replace tile.	3/23/17	

EDUCATION PROVIDED OR COMMENTS			

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: March 23, 2017	