



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

TIME IN	8:58 am	TIME OUT	11:14 am
DATE	July 3, 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: McDonald's #31302	OWNER: Gary and Chrissy Hurst	PERSON IN CHARGE: Carolyn Francois
ADDRESS: 1700 West Columbia	ESTABLISHMENT NUMBER: 4588	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: 573.756.2910	FAX: 573.756.2910
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 type="checkbox"/> Not Applicable License No. 187-17152, exp. 4/30/19	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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"/> 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 <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 <input type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input 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 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 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 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>		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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		<input checked="" type="checkbox"/>				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" 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"/>	Single-use/single-service articles: properly stored, used	<input checked="" type="checkbox"/>	
<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		<input checked="" type="checkbox"/>
		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 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>Carolyn Francois</i> Carolyn Francois <i>GM</i>	Date: July 3, 2018
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:	



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

ESTABLISHMENT NAME McDonald's #31302		ADDRESS 1700 West Columbia		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Salad cooler, ambient		41	Prep cooler: ambient, cut tomatoes, bacon sauce		41, 42, 41
Traulsen freeze, ambient		29	Hot hold: round egg, egg white, sausage		150, 140, 173
Fries dispenser freezer, ambient		30	Round eggs, cooker		176
Fryer freezers, ambient		0, 30	Refrigerated drawer: ambient, liquid eggs		38, 39
Gravy hot hold		142	Refrigerated drawer: ambient, chicken		40, 41

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

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.**

NOTE	TEMPERATURES, in degrees Fahrenheit, continued Grill side freezers, ambient: 18, 15 Drive up: beverage cooler, ambient 42; under counter cooler: ambient 40, choc. milk 38; frappe cooler, ambient 38; McCafe cooler, ambient 37; Cream dispenser: ambient 30, milk 41 Service Area: cream dispenser: ambient 40, cream 33; FC 1 cooler, ambient 35; Soft serve mix, hopper: 38, 36; Orange juice dispenser, ambient 41 Chicken, deep fryer 198; walk-in freezer, ambient 12; walk-in cooler: ambient 37, burrito mix 40, soft serve mix 40		
4-602.11A	Used trays are wiped with sanitizer between uses. Because food may be placed on trays by consumers, and consumers may touch, sneeze, or other wise contaminate tray, they are considered food contact. Food contact surfaces shall be washed, rinsed, sanitized, and air dried between uses. COS by discussion	COS	
4-601.11A	Two blue ice buckets, stored on top of the mobile ice caddy in the break room, were observed on all surfaces. Food contact surfaces shall be clean to sight and touch. COS by taking to 3-vat for cleaning	COS	
3-302.11A	Raw bacon was stored above strawberries and hash browns were stored on top of pork sausage in the walk-in freezer. Raw animal-derived foods shall be stored below or separately from all other foods. Please arrange food to protect from cross contamination. COS by placing bacon below strawberries and hash browns with other hash browns	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

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.**

6-501.12A	Debris observed on the floor in the west entry into the dining area. Physical facilities shall be clean. Please clean entry. CORRECTED ON SITE by cleaning floor.	COS	P-F
6-301.14	There was no handwashing signs posted in the bathrooms. Signs to remind users to wash hands shall be posted at all handwashing sinks. Please post signs. COS by installing provided signs	COS	
4-601.11C	Catsup spill observed in the cabinet below the soda dispenser in the dining room (dispenser farthest to left). Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean food spills as soon as they occur. COS by cleaning cabinet	COS	
5-205.11B	The handwashing sink near the ice maker was used as a dump sink. Handwashing sinks may be used only for handwashing. Please ensure all staff use the sink only for handwashing. COS by discussion	COS	
4-903.11A	Condensation was dripping from pipes onto single-service cups, located beside the Sure Shot machine in the beverage preparation area. Single-use items shall be protected while in storage. Please do not store single-service, clean linens, clean equipment, or food below drips. COS by moving cups	COS	
3-304.14	A wet, soiled cloth was stored on the counter in the beverage preparation area. Wet wiping cloths shall be stored in sanitizer between uses, and shall be placed in laundry when soiled.	7/3/18	
6-501.12A	Mold was observed on the wall around the mop sink, and the mop sink and area around the sink was dirty. Sinks shall be clean. Please clean all surfaces of mop sink and wall/floor around sink.	7/4/18	
6-501.18			
6-202.11A	Three ceiling light fixtures in the storage room lacked covers. Bulbs shall be shielded or shatter resistant in areas of food storage. Please install covers, bulb shields, or shatter-resistant bulbs.	7/7/18	
5-501.113			
5-501.115	Empty boxes were inside the trash enclosure for the outside dumpster, and the lid was open on the recyclables dumpster. Enclosures shall be free of trash and lids shall be closed on all outside receptacles.	7/3/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Carolyn Francois</i> Carolyn Francois		Date: July 3, 2018	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	