



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

TIME IN	8:40 am	TIME OUT	10:35 am
DATE	Dec. 21, 2017	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		OWNER: Chrissy and Gary Hurst		PERSON IN CHARGE: Erica O'Neal	
ADDRESS: 207 West Karsch Boulevard			ESTABLISHMENT NUMBER: 0834		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)756-8919		FAX: (573)756-7317	
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					
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health						
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
	Good Hygienic Practices						
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
	Preventing Contamination by Hands						
<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	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
	Approved Source				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<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"/> Q/C	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Chemical		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
	Protection from Contamination				Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C <input checked="" type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>		Conformance with Approved Procedures		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		<input checked="" type="checkbox"/>		Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	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	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input 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"/>	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>E O'Neal</i>		Erica O'Neal		Date: December 21, 2017	
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		ADDRESS 207 West Karsch Boulevard		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk-in freezer, ambient		0	Walk-in cooler: ambient, shake mix, burrito mix		35, 36, 35
Reach-in kichen 3 freezer, ambient		0	Salad display cooler: ambient, burrito		35, 41
Top hang freezer, ambient		0	Prep table refrigerator: ambient, eggs/corn mix, tomatoes		40, 41
Fries Beverage Air freezer, ambient		0	Fries dispenser freezer, ambient		0
Cooler under sandwich prep area, ambient		30	Meat freezer, ambient		0

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, continued, in degrees Fahrenheit: Front counter 1 cooler drawers: 41, 40; Reach in Kitchen 1 cooler: ambient 38, egg whites 41; Reach in Kitchen 2 freezer, ambient 5 Drive Thru 1 Drawers, ambient: 37, 37; soft serve mix, hopper: 38, 38; Blended ice machine, ambient 41; McCafe cooler, ambient 35, milk 35, 37; Drive Thru 2 cooler: ambient 39; cream in dispenser 36 Eggs, griddle 177-182; sausage, hot hold 169		
4-702.11	There was no sanitizer in the dispenser at the 3-vat sink. Equipment shall be sanitized after cleaning. Please ensure sanitizer is always available, and use test strips to ensure sanitizer is at correct strength. COS by installing sanitizer in dispenser.	COS	
3-302.11A	Raw chicken was stored with and above pancakes and other ready-to-eat food in the Reach in Kitchen 2 freezer. Raw animal foods shall be stored separately or below ready-to-eat and fully-cooked foods. COS by rearranging so chicken is below and separated from other foods.	COS	
7-201.11B	A bottle of peroxide cleaner was stored on the work table with food in the beverage preparation area. Toxic items shall be stored separately or below food, clean equipment, single use items, and clean linens. COS by moving cleaner	COS	
4-601.11A	Debris observed on the ice scoop. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize scoop when dirty, and at least daily. COS by taking to warewashing area for cleaning.	COS	
NOTE	The frozen dessert license could not be found during this visit. Please obtain a copy and email, fax, or notify this office when it is received.		

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.**

6-501.18	Plastic pieces and debris were in the vat of the handwashing sink next to the 3-vat sink. Handwashing sinks shall be used only for handwashing and shall be kept clean. COS by discussion and cleaning sink	COS	
5-205.11B	Fries had fallen down onto single-use items stored in the cabinet below the fries hot hot unit. Single-use items shall be protected from contamination while in storage. Please determine reason for fries falling into cabinet and repair, or do not store single-use items in the cabinet. COS The single-use items that were contaminated were voluntarily discarded and the cabinet was cleaned during this visit.	COS	
4-903.11A	Spilled milk observed inside the McCafe cooler. Nonfood contact surfaces shall be kept clean. Please clean cooler. COS by cleaning	COS	
4-601.11C	Single-use items were stored beneath the waste drain in the cabinet below the soda dispenser in the dining room. Single use items, clean linens, clean equipment, and food shall not be stored below an unshielded drain. Please either move these items or shield the drain. COS by moving single use items	COS	
4-903.12A	The dumpster lids were open and there was no plug in the drain in the outside recycling dumpster. Lids shall be closed and a plug shall be in drains of outside trash receptacles. Please keep lids closed and ask trash company to install a plug in the drain.	12/31/17	GO ED
5-501.113	The dumpster lids were open and broken on the outside trash dumpster. Lids shall be closed and tight sealing on outside trash receptacles. Please ask trash company to replace the lids or the dumpster, and keep lids closed.	12/31/17	
5-501.114			

EDUCATION PROVIDED OR COMMENTS

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

Person in Charge /Title: <u>Erica O'Neal</u>	Erica O'Neal	Date: December 21, 2017
Inspector: <u>Rose Mier</u>	Rose Mier	Telephone No. (573)431-1947
	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: