



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

| | | | |
|---------|----------|----------|---------|
| TIME IN | 9:20am | TIME OUT | 11:25am |
| DATE | 10-20-17 | 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: Ole Tyme Pantry | | OWNER: Katie Hostetler | | PERSON IN CHARGE: Wendell Hostetler | |
| ADDRESS: 5200 Highway D | | | ESTABLISHMENT NUMBER: 4659 | | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | | PHONE: 573-747-1761 | | FAX: 573-664-1022 | |
| 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 type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | | WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled pending _____ 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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"/> NO <input type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper date marking and disposition | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose and mouth | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 <input type="checkbox"/> 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"/> COS <input type="checkbox"/> N/A | Food received at proper temperature | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | <input checked="" type="checkbox"/> |
| <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 | | | 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 <input type="checkbox"/> N/A | Food separated and protected | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | 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 type="checkbox"/> | <input checked="" 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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|---|--------------------------------|---------------------------|---|
| Person in Charge / Title: <i>Wendell Hostetler</i> Wendell Hostetler | | Date: October 20, 2017 | |
| Inspector: <i>John Wiseman</i> John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: Follow-up Date: 11-1-17 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



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|---------------------------------------|--|---------------------------|------------------------|--------------------------------|--------------|
| ESTABLISHMENT NAME Ole Tyme Pantry | | ADDRESS 5200 Highway D | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Meat & cheese case | | 40 | Walk-in freezer | | 0 |
| Sandwich prep cooler | | 40 | | | |
| Cold hold: tomatoes, turkey | | 40, 41 | | | |
| Walk-in cooler | | 32 | | | |
| Frigidaire freezer | | 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.**

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|-------------|---|---------|----|
| 3-501.17A | Pieces of lunch meat were observed in the meat and cheese case without discard dates. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed seven days total, by which time the food shall be sold, consumed, or discarded. COS by marking the meats with a discard date. | COS | |
| 4-601.11A | An accumulation of food debris was observed on surfaces of the panini press. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the panini press as often as necessary to prevent accumulation of food debris. | 11-1-17 | |
| 4-601.11A | An accumulation of food debris was observed on the blade of the table mounted can opener. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the can opener daily. | | WH |
| 7-201.11B | PVC chemicals and auto fluids were observed stored atop the Frigidaire freezer in the kitchen. Toxic materials shall be stored so they cannot contaminate food, equipment or single service items. COS by removing the chemicals. | COS | |
| 4-601.11A | An accumulation of food debris was observed on the cooling racks and cart in the kitchen. Food contact surfaces shall be clean to sight and touch. Please clean the cooling racks and cart as necessary to keep them clean. | 11-1-17 | |
| 4-501.114 C | The concentration of the quaternary ammonia sanitizer was measured at greater than 400 ppm. Quaternary ammonia sanitizers shall be prepared at concentrations recommended by the product manufacturer. COS by remaking the sanitizer. | COS | |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
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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.**

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| 4-501.11B | The door seal on the left side of the sandwich prep cooler was observed to be broken and accumulating debris. Equipment components such as door seals shall be kept intact and in good repair. Please replace the door seal. | 11-1-17 | |
| 6-501.12A | An accumulation of dust was observed on the fan in the kitchen area. Physical facilities shall be cleaned as often as necessary to keep them clean. COS by cleaning the fan. | COS | |
| 4-601.11C | An accumulation of debris was observed on the rack surfaces of the proofer in the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the interior of the proofer as often as necessary to keep it clean. | 11-1-17 | WH |
| 5-501.116 B | Minor food debris was observed on the exterior of trash cans in the kitchen. Receptacles for waste handling shall be cleaned at a frequency necessary to prevent the build-up of soil or becoming an attractant for pests. Please clean the trash cans as often as necessary. | | |
| 4-302.14 | Sanitizer test strips were not available for determining correct sanitizer strength. An appropriate sanitizer test kit or device shall be provided to determine correct sanitizer strength. Please obtain a test kit for the quaternary ammonia sanitizer. | | |
| 3-501.11 | Ice was observed dripping from cooling lines above food in the walk-in freezer. Food shall be protected from sources of contamination. Please place a tray or pan below the drip. | | |

EDUCATION PROVIDED OR COMMENTS

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|--------------------------|-------------------|-----------------|---|
| Person in Charge /Title: | Wendell Hostetter | Date: | October 20, 2017 |
| Inspector: | John Wiseman | Telephone No. | (573)431-1947 |
| | | EPHS No. | 1507 |
| | | Follow-up: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: | 11-1-17 |



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| ESTABLISHMENT NAME Ole Tyme Pantry | | ADDRESS 5200 Highway D | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| | | | | | |
| | | | | | |
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| 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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| | <p>NOTE: The hot water sanitizing dishwasher was observed to be operating at temperatures adequate for sanitation. The thermal label used to test the dishwasher will be attached to the Health Center copy of the inspection report.</p> <p>NOTE: A bacteriological water sample will be collected at the time of the follow-up inspection.</p> | | |
|--|--|--|--|

| 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 | A case of paper towels was observed on the floor in the dry storage room. Single service items shall be stored at least six inches off of the floor. COS by removing the product from the floor. | COS | |
| 3-305.11 | An accumulation of frost and ice was observed on food packages in the customer access freezer in the retail area. Food shall be protected from sources of contamination. Please remove the excess ice and frost from the food, door and frame and interior of the freezer. | 11-1-17 | WH |
| 4-601.11C | Wet, mold towels were observed on the floor below the customer access freezer doors in the retail area. Condensation appears to be accumulating on the doors and door sills and dripping onto the floor. Non-food contact surfaces shall be kept free of dust, dirt, food residue and debris. Take action to minimize condensation in this area and keep it free of moisture and mold. | | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|--|---------------------------------|-------------------------|
| Person in Charge /Title Wendell Hostetler | | Date: October 20, 2017 |
| Inspector: John Wiseman | Telephone No. (573)-431-1947 | EPHS No. 1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: 11-1-17 |