



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

TIME IN	9:00 am	TIME OUT	10:59 am
DATE	Oct. 11, 2018	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: Katie Hostetler	
ADDRESS: 5200 Highway D			ESTABLISHMENT NUMBER: 4659		COUNTY: St. Francois
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 checked="" type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
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 _____    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		
	<b>Employee Health</b>			<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		
	<b>Good Hygienic Practices</b>			<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 checked="" type="checkbox"/> Q/C <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 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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<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				<b>Highly Susceptible Populations</b>		
<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		
	<b>Approved Source</b>				<b>Chemical</b>		
<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"/> C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<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		
	<b>Protection from Contamination</b>				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"/> Q/C <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/C <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<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 type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		<b>Food Temperature Control</b>			<input type="checkbox"/>	<input checked="" 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					<b>Utensils, Equipment and Vending</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>			<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 checked="" type="checkbox"/>	<input 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>Katie Hostetler</i> Katie Hostetler		Date: October 11, 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: Oct. 24, 2018



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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
Walk-in freezer, ambient		0	Walk-in cooler: ice cream mix, ambient		37, 40
Frigidaire freezer, ambient		3	Meat cooler, ambient		25, 28, 28
			Prep cooler: bottom, ambient		33
			Prep cooler, top: bologna		39

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
	A water sample for bacteriological analysis will be collected during the follow-up inspection. The on-site wastewater treatment system was observed during this visit and appeared to be operating correctly.		KH
4-601.11A	Loaf pans that were stored nested in the cabinet below the baking area were soiled, and some had scratched coatings. Food contact surfaces shall be clean to sight and touch, and shall be free of imperfections. Please clean all loaf pans; discard those that do not clean or that have scratched surfaces.	10/12/18	
4-202.11A	The metal cooling rack was soiled. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the shelves at least daily.	10/12/18	
4-601.11A	A spray bottle containing a clear liquid, located in the dry storage room, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents.	10/11/18	
7-102.11	Chemicals were stored on a shelf above single-use napkins and tissues, and napkins were stored on top of a box of toilet bowl cleaner, in the dry storage room. Chemicals shall be stored below or separately from single-use items. Please arrange items to protect single-use items from possible contamination from chemicals.	10/11/18	
7-201.11A	Raw bacon was stored above butter in the walk-in cooler. Raw animal-derived food shall be stored below ready-to-eat food. Please arrange to protect ready-to-eat food from possible contamination. COS	COS	
3-302.11A	Cut deli meats were labeled with the date of opening. Opened, refrigerated foods shall be labeled with a 7-day disposition date, which is the day of opening plus an additional six days. Please label foods with a 7-day disposition date.	10/11/18	

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
4-601.11A	Accumulation of debris observed on the bottom drawer and outside surfaces of the Maytag stove. Cooking equipment shall be clean. Please clean all surfaces of stove as often as needed to keep clean.	10/24/18	K
4-101.19	Utensils were stored in cardboard box separators in a drawer by the stove, and in cardboard boxes in the cabinet holding baking utensils. Surfaces that require frequent cleaning shall be smooth, nonabsorbent, and cleanable. Please obtain cleanable holders and separators for utensils; clean holders and separators as often as needed to keep clean and protect utensils from contamination.	10/24/18	
3-304.12B	Containers to "measure" flour were stored inside the bulk containers of dry powders. These containers were soiled. In-use utensils shall have a handle and be clean. Please remove "measuring" bowls from bulk containers.	10/11/18	
4-501.11A	Ice was accumulating below the condenser and falling onto the floor in the walk-in freezer. Food was not stored below the ice. Please repair freezer to prevent ice dripage.	10/24/18	
3-305.11A	Boxes of food were on the floor in the walk-in cooler. Food shall be stored a minimum of six inches off the floor. Please elevate food in cooler. COS by placing on shelves	COS	
6-501.14A	Accumulation of dust observed on the portable floor fan, located in the kitchen area. Ventilation systems shall not be a source of contamination. Please clean all surfaces of fan as often as needed to keep clean.	10/12/18	
4-903.11A	Boxes of single-use containers (cups, bowls, lids) were stored on the floor in the upstairs storage. Single-use items shall be stored a minimum of six inches off the floor. Please elevate boxes off floor.	10/24/18	
3-305.11A	Boxes of microwave popcorn were stored on the floor beneath the table holding the scale. Food shall be stored a minimum of six inches off the floor. Please elevate all food off the floor.	10/11/18	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Katie Hostetler</i>	Katie Hostetler	Date: October 11, 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: Oct. 24, 2018



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Code Reference	<b>PRIORITY ITEMS</b> 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
3-201.11	According to the owner, ice cream is made from a pasteurized mix in a diesel-run ice cream freezer outside the facility. Cream is added to the mix in the freezer containers inside the facility; the covered containers are taken to the freezing machine outside, frozen, then brought back into the facility to divide and and place into the walk-in freezer. To make ice cream, a state frozen dessert license must be procured. Please obtain a frozen dessert license from the state prior to resuming ice cream making. Information and application can be found online at "health.mo.gov", (search for frozen dessert license), or call the Bureau of Environmental Health Services at 573-751-6090.				10/31/18	K
3-306.11	Samples were available for customer self-serve near the check-out counter. The containers were not protected, and the handles of tongs were stored on top of the pretzels. Food shall be protected from contamination from consumers. Please keep containers covered and provide a way to store tongs so they do not contaminate the food. Monitor this area at all times to prevent contamination or intentional adulteration of these foods.				10/11/18	
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3-305.11A 4-903.11A	The counters adjacent to the handwashing sink in the deli service area were observed with equipment and food. Items stored next to the sink are subjected to contamination from splash. Please install a shield on both sides of the sink to protect food and equipment placed next to the sink.				10/31/18	KH

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