



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

| | | | |
|---------|---------|----------|--------|
| TIME IN | 11:52am | TIME OUT | 1:58pm |
| DATE | 7-21-17 | 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: Papa's Fruit of the Vine | | OWNER: Clayton Cox dba Papa's, LLC | | PERSON IN CHARGE: Samantha Graziani | |
| ADDRESS: 6873 Busiek Road | | | ESTABLISHMENT NUMBER: 4708 | | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | | PHONE: 573-701-0333 | | FAX: 573-701-0333 | |
| 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | 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/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 <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"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | <input checked="" type="checkbox"/> | | | 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected | <input checked="" type="checkbox"/> | | | | | |
| <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"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | <input checked="" type="checkbox"/> | Prevention of Food Contamination | | | | <input checked="" type="checkbox"/> | Physical Facilities | | |
| | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present | | | | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure | <input checked="" type="checkbox"/> | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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|------------------------------|--|-------------------|--|--|------------------|
| Person in Charge / Title | | Samantha Graziani | | Date: July 21, 2017 | |
| Inspector: | | John Wiseman | | Telephone No. (573)431-1947 | EPHS No. 1507 |
| | | | | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | Follow-up Date: | |



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| ESTABLISHMENT NAME Papa's Fruit of the Vine | | ADDRESS 6873 Busiek Road | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Electrolux refrigerator/freezer | | 40, 0 | Haier freezer (empty) | | 0 |
| Kenmore refrigerator/freezer | | 32, 0 | Wine cooler #1 | | 54 |
| Prep cooler | | 38 | Wine cooler #2 | | 56 |
| Sour cream in prep cooler | | 40 | Draft beer cooler | | 38 |
| Frigidaire freezer(frozen pizza crusts) | | 0 | Coke cooler with beer | | 40 |

| 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 |
|---|---|-------------------|---------|
| 3-302.11A | Raw shell eggs were observed stored above fruit in the Electrolux refrigerator. Food shall be protected from cross contamination by storing raw animal foods away from and below ready to eat foods. COS by rearranging the foods. | COS | |
| 3-501.18A | A package of cooked beef was observed inside the kitchen prep cooler with a date with is past it's discard date. Potentially hazardous food that is past it's discard date shall be discarded. COE by discarding the food. | COS | |
| 3-501.17A | A package of mushrooms was observed stored in the kitchen prep cooler bearing a date witch was identified as being the date of preparation. Potentially hazardous foods held refrigerated shall be mark with the day or date, not to exceed seven days in total, by which time the food shall be sold,consumed or discarded. COS by marking the food with a discard date. | COS | |
| 3-701.11A | A bag containing cut lettuce that was unfit for consumption due to spoilage was observed inside the kitchen prep cooler. Food that is unsafe for consumption shall be discarded. COS by discarding the food. | COS | |
| <p>Note: A water sample was not collected during the routine inspection. I will contact Mr. Cox and arrange a time to collect the water sample. Ideally, this should be done early in the morning in order to maximize the sample analysis hold-time.</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 |
|----------------|---|-------------------|---------|
| 6-301.12 | Paper towels were not available through a dispenser at the kitchen hand wash sink. Hand wash sinks shall be provided with a sanitary means of hand drying. Please install paper towels in the dispenser at this location. | 7-24-17 | |
| 6-501.14 | An accumulation of dust and debris was observed on the window mounted fan in the kitchen. Intake and exhaust air ducts shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. Please clean the blades and grill of the window fan. | | |
| 6-501.12A | Dirt and debris was observed on the floor below equipment and the sinks in the kitchen. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor in the kitchen. | | |
| 4-903.11A | A case of single use cups was observed on the floor in the storage room. Single service items shall be stored at least six inches off of the floor. COS by removing the cups from the floor. | COS | |
| 6-501.112 | Dead insects were observed on the floor in the storage room. Dead insects shall be removed at a frequency that prevents accumulation and the attraction of other pests. Please remove dead insects from the facility. | 7-24-17 | |

EDUCATION PROVIDED OR COMMENTS

Person in Charge Title: Samantha Graziani Date: July 21, 2017

Inspector: John Wiseman Telephone No. (573)431-1947 EPHS No. 1507 Follow-up: Yes No Follow-up Date:



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| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
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| | | | |
|--|--|--|----|
| | | | SG |
|--|--|--|----|

| 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 |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

| | | | |
|-----------|---|---------|----|
| 5-205.11B | Cleaning supplies were observed in the hand wash sink in the bar area. Hand wash sinks shall be used for hand washing exclusively. COS by removing the cleaning supplies. | COS | SG |
| 5-202.12 | The bar area hand wash sink was not provided with cold water. According to the owner, the water had been turned off for work on the plumbing earlier in the week. Hand wash sinks shall be provided with hot and cold water through a mixing valve. COS by restoring cold water supply. | COS | |
| 6-301.12 | Paper towels were not provided at the bar area hand wash sink. Hand wash sinks shall be provided with a sanitary means of hand drying. COS by providing paper towels. | COS | |
| 6-501.18 | An accumulation of mildew was observed on the middle basin of the bar area three compartment sink. Plumbing fixtures shall be cleaned as often as necessary to keep them clean. Please clean the interior of the three compartment sink. | 7-24-17 | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|--|------------------------------|---------------------|
| Person in Charge / Title: Samantha Graziani | | Date: July 21, 2017 |
| Inspector: John Wiseman | Telephone No. (573)-431-1947 | EPHS No. 1507 |
| Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Follow-up Date: |