



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

TIME IN	1:30 pm	TIME OUT	2:38 pm
DATE	Dec. 5, 2017	PAGE	1 of 5

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: Pizza Hut	OWNER: Heartland Pizza, LLC	PERSON IN CHARGE: Zach Goad
ADDRESS: 221 West Karsch Boulevard	ESTABLISHMENT NUMBER: 0838	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)756-1503	FAX: none
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 checked="" 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 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"/> NO <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 type="checkbox"/> OUT <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		<input checked="" type="checkbox"/>
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 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 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		<input checked="" type="checkbox"/>

Person in Charge / Title: <i>Zach Goad</i>	Zach Goad	Date:	December 5, 2017
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:		Dec. 20, 2017	



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ESTABLISHMENT NAME Pizza Hut	ADDRESS 221 West Karsch Boulevard	CITY /ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		No temperatures were taken during this visit.	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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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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.**

6-501.12A	WAREWASHING AREA The wall behind warewashing machine and below the 3-vat sink was dirty. Physical facilities shall be clean. Please clean walls as often as needed to keep clean.	↓	ZG
4-501.14C	The spray nozzle on the 3-vat sink was dirty. Warewashing equipment shall be cleaned before and after use. Please clean area frequently.		
5-205.15B	A leak was observed in the pipe extending vertically for the sprayer at the 3-vat sink. Plumbing shall be maintained in good repair. Please repair leak.		
6-501.12A	The pipes below the 3-vat sink and warewashing machine were dirty and moldy. Facility shall be kept clean. Please clean at a frequency to keep clean and prevent mold growth.		
4-501.14B	The warewashing machine was dirty under the door lips and top of the machine. Warewashing machines shall be cleaned before and after use, at a minimum of every 24 hours. Please clean all surfaces, inside and out.		

EDUCATION PROVIDED OR COMMENTS

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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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4-601.11A	Mold and rust observed on the inside of the ice maker. Food contact surfaces shall be clean to sight and touch. Please discard all ice, wash, rinse, sanitize, and air dry prior to returning to service.	12/6/17	ZG
4-601.11A	The ice bucket was dirty on both the inside and outside surfaces. Please clean and sanitize bucket at least daily. If the bucket does not clean, then replace with a new ice bucket.	12/5/17	

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4-601.11C	WAREWASHING AREA Accumulations of debris observed on the racks holding clean equipment in the warewashing room. Equipment and utensils shall be protected from contamination while in storage. Please clean all racks holding clean equipment as often as needed to keep clean.	12/20/17	ZG
4-601.11B	A large accumulation of baked-on debris was observed on most of the baking equipment. Please remove all excess baked-on debris, then wash, rinse, and sanitize. Discard equipment that is not able to be adequately cleaned.		
4-901.11A	Gray pizza pans, stored on the rack in the warewashing room, were wet nested. Equipment shall be air dried prior to storing nested. Please reclean and sanitize all wet-nested equipment, and allow to completely air dry.		
4-601.11C	The racks to hold equipment for the warewashing machine were dirty. Please clean all surfaces of the racks.		
4-601.11C	The Sterilite brand "drawers," stored on the clean equipment rack, were dirty. Please clean all surfaces of these drawer units as often as needed to keep clean.		
6-501.12A	Food debris observed in the area where the warewashing equipment empties into the floor drain. The pipe was disconnected, allowing wastewater to flow onto the floor. Physical facility shall be clean. Please clean floor as often as needed to keep clean.		

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4-601.11A	WINGS AREA Debris observed on the outside surfaces of the metal bowls. The bowls were nested, and thereby contaminating the food contact surfaces. Please inspect all surfaces of all equipment. Reclean and sanitize all that are dirty. Inspect before storing.	12/5/17	<i>Z</i>
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4-601.11C	WINGS AREA The shelving was dirty inside the wings walk-in cooler. Please clean shelving as often as needed to keep clean.	12/20/17	<i>Z</i>
4-601.11C	Accumulation of debris on the door handle and door of the wings walk-in cooler. Please clean door and handle as often as needed to keep clean.		
4-601.11C	Debris and mold observed on the outside of the Delfield freezer. Please clean freezer as often as needed to keep clean.		
4-601.11C	Grease accumulation observed on the sides of the deep fryers. Please clean equipment as often as needed to keep clean.		
4-601.11C	Debris observed on the shelves next to the deep fryers. Please clean all shelves.		
4-601.11C	Dried food debris observed under the lids of the toppings held on the table next to the deep fryers. Please clean containers.		
4-901.11A	Metal bowls were wet nested. Please reclean and sanitize; allow complete air drying before storing nested.		
4-601.11C	DINING AREA Mold observed on the racks of the beverage refrigerator. Please clean and sanitize shelves to reduce mold growth.		

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4-601.11A	Mold and/or debris observed on the housing of the soda nozzles in the wait area. Please clean and sanitize area at least daily.	12/5/17	Z
4-601.11A	Debris observed on the high chairs and booster seats, considered to be food contact surfaces. Please wash, rinse, and sanitize booster seats and high chairs after each use.	12/5/17	

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4-601.11C	BACK STORAGE AREA Accumulation of debris observed on the racks stored inside the proofer. Please clean all surfaces of racks as often as needed to keep clean.	12/20/17	TK
4-601.11C	The shelves holding the computers and electrical equipment were dirty. Please clean shelves and cubbies.		
6-501.12A	The doors of walk-in cooler were dirty on the inside and outside in the areas where hands and feet touch, and handles. Please clean doors and handles to prevent contamination of hands when touching.		
4-601.11C	The racks inside the walk-in cooler were dirty. Please clean racks.		
4-501.11B	The door to the freezer would open or shut without excessive force. Equipment shall be maintained in good repair.		
6-202.15A	The back entry door did not self-close and daylight showed through at the base. Outside entry doors shall be self-closing and sealed. Please repair or replace the self-closing device and seal the door to prevent the entry of pests.		
6-501.12A	Accumulation of debris on the handle and door of the back entry door. Please clean.		
6-202.15A	Daylight was observed around the doors of the outside storage shed. Please seal doors to prevent pest entry to keep out blowing debris.		

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