



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

TIME IN 7:48 am	TIME OUT 9:01 am
DATE Dec. 6, 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: Quality Inn Breakfast Bar		OWNER: Farmington Hotels, LLC		PERSON IN CHARGE: Mike Patel, GM	
ADDRESS: 1400 West Liberty Street			ESTABLISHMENT NUMBER: 4638		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: 573.664.1210		FAX: 573.664.1209	
P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		<input checked="" type="checkbox"/>
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN <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				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"/> YES <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"/> 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						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input checked="" type="checkbox"/>			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-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 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 type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	<input checked="" type="checkbox"/>		<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 checked="" type="checkbox"/>	<input 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 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 checked="" 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: _____		Mike Patel, GM		Date: December 6, 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. 21, 2017	



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



ESTABLISHMENT NAME Quality Inn Breakfast Bar		ADDRESS 1400 West Liberty Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Countertop refrigerator, ambient		39	Waffle batter in dispenser		67
Kenmore refrigerator/freezer, ambient		40/18	Hot hold: sausage		112 to 140
Haire refrigerator/freezer, ambient		30/0	Hot hold: eggs		110 to 135
Frigidaire freezer, ambient		8			

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
3-501.16A	Waffle batter in the dispenser had an internal temperature of 67F, and food in the hot hold steamer had temperatures between 110 and 140F. Food that was on the bottom of the tray were hot while the food piled on top of other food was cooler. Potentially hazardous food shall be held at 41F or lower, or at 135F or higher. CORRECTED ON SITE by discussion with manager who stated the foods are discarded at the end of the breakfast service time. The foods held in the hot hold steamer unit, and the waffle batter in the dispenser, will be held by Time as a Public Health Control. These foods will be discarded after four hours out of temperature control, and the containers in which they were held will be washed, rinsed, and sanitized before refilling.	COS	
3-302.11A	Raw shell eggs were stored above yogurt in the Kenmore refrigerator. Raw shell eggs shall be stored on the lowest shelf, below ready-to-eat food to prevent cross-contamination. CORRECTED ON SITE by rearranging so eggs are not above yogurt.	COS	
3-501.17A, B	Scrambled eggs and sausage, held in the Kenmore refrigerator, were labeled with the date of preparation. Potentially hazardous food that is fully cooked or ready-to-eat and held for more than 24 hours shall be labeled with a 7-day disposition date, which is the day of opening (if commercially prepared) or preparing, plus an additional six days. Please label all qualifying food with a 7-day disposal date.	12/6/1117	
4-601.11A	The coffee carafes wee dirty. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the coffee holders at least daily.	12/6/17	
4-601.11A	Food splatters observed inside the microwave oven. Microwaves do not directly kill bacteria, therefore it is important to wash, rinse, and sanitize the oven after use to prevent bacterial growth.	12/6/17	
7-201.11B	Cleaners were stored on shelves holding food and equipment. Toxic items shall be stored separately or below food, clean equipment, single use items, linens.	12/6/7	

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
NOTE	There was no food preparation occurring during this visit.		
4-204.112A	Thermometers were not found in the Kenmore refrigerator/freezer. Accurate thermometers shall be placed in convenient-to-read locations in the warmest part of coolers. CORRECTED ON SITE by installing thermometers.	COS	
4-302.14	There were no test strips available to check the chlorine concentration in sanitizer solutions. Prepare sanitizer solutions for food contact surfaces by mixing 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water. Use test strips to ensure a chlorine concentration between 50 and 100 ppm is achieved.	12/21/17	
6-301.11	There was no soap available in the women's bathroom. Handwashing sinks shall be supplied with soap at all times. Please provide soap at this sink. CORRECTED ON SITE by providing a container of soap.	COS	

EDUCATION PROVIDED OR COMMENTS

— A line through an item on page 1 indicates it was not observed or is not applicable.

Person in Charge /Title: 		Mike Patel, GM	Date: December 6, 2017
Inspector: 	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. 21, 2017	