



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

TIME IN 8:46am	TIME OUT 11:58am
DATE 3-2-18	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: Rhodes 101 #7600485	OWNER: Pajco, Inc.	PERSON IN CHARGE: Peggy Gray
ADDRESS: 303 West Karsch Blvd.	ESTABLISHMENT NUMBER: 0197	COUNTY: 187
CITY/ZIP: Farmington, 63640	PHONE: 573-760-0485	FAX: 573-760-0485
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 RESTAURANT <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
Employee Health				<input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
Good Hygienic Practices				<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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <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)		
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"/> N/O <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 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				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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: 	Peggy Gray	Date: March 2, 2018
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: 3-20-18



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

ESTABLISHMENT NAME Rhodes 101 #7600485		ADDRESS 303 West Karsch Blvd.		CITY / ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Convenience food cooler		36	Walk-in cooler #2		40
Cream from dispenser		41			
Ice cream freezer		0			
Pepsi cooler		36			
Walk-in cooler #1		36			

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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3-501.17A	The dairy and non-dairy creamers in the dispenser at the coffee island were not marked with a discard date. Potentially hazardous foods held refrigerated shall be marked with a discard date not to exceed six days after the date of preparation or opening. Please mark these items with an appropriate discard date upon opening and placing in the dispenser. COS by dating the creamers.	COS	P S
7-201.11B	Cleaning chemicals were observed stored in a wall mounted wire rack above the drain board of the three compartment sink. Toxic materials shall be stored where they cannot contaminate food, equipment, single service items and clean linens. Please remove the cleaners from this area and relocate the storage rack so that it is not above the sink.	3-20-18	

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). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
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5-205.11B	The hand wash sink in the retail area was observed being used to dispose of old coffee and tea. Hand wash sinks shall be used for hand washing exclusively. Discontinue using the hand wash sink for disposal of waste liquids.	3-20-18	L C
3-305.11A	Lemons were observed stored below the hand soap dispenser at the beverage station. Food shall be protected from sources of contamination. Please store the lemons well away from the soap dispenser.		
4-203.12B	The thermometer located in the convenience food cooler indicated a temperature of 28F. The actual temperature of this unit was measured at 36F. Temperature measuring devices used for measuring ambient air temperatures shall be accurate to within three (3) degrees F. Please replace the thermometer in this cooler.		
4-601.11C	The disposable plastic lid trays in the beverage station and on the coffee island were observed to have debris and food splatter in them. Non-food contact surfaces shall be kept free of dust, dirt, food residue and debris. Please clean these trays.		
6-501.11	The vinyl tiles on the wall beside the hand wash sink in the retail beverage area are coming off of the wall. Physical facilities shall be maintained in good repair. Please repair the wall tiles to a smooth and cleanable condition.		

EDUCATION PROVIDED OR COMMENTS

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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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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4-101.19	The formica counter surface at the customer access beverage station in the retail area is damaged in several places, especially in the vicinity of the hand wash sink. Non-food contact surfaces that are exposed to splash, spillage, or food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. Please repair counter surfaces in this area to a cleanable condition.	3-20-18	. P G
6-501.12A	An accumulation of dust was observed on the ceiling vent in the mens restroom. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the vent.		
6-301.12A	Paper towels were not available at the hand wash sink in the storage room. Hand wash sinks shall be provided with a sanitary means of hand drying. Please provide paper towels at the hanad wash sink.		
4-601.11C	An accumulation of debris and residue was observed in the dish rack drip tray at the three compartment sink. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the tray.		
5-205.15B	The hose connected to the mop sink faucet was observed to be leaking. A plumbing system shall be maintained in good repair. Please repair the leak.		
3-302.11A	Damaged beverages were observed stored on the drainboard of the three compartment sink.		
7	Damaged products or those designated for return shall be segregated from food, equipment and food related items. Please store these items in a designated area away from equipment.		

EDUCATION PROVIDED OR COMMENTS

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5-205.15B	A leak was observed at the faucet of the three compartment sink. A heavy accumulation of hard water deposits are covering the faucet fixture at this location. A plumbing system shall be maintained in good repair. Please repair the leak at the faucet.	3-20-18	V G
5-205.15B	Water was observed leaking from the bottom of the hot water heater located in the storage room. A plumbing system shall be maintained in good repair. Please repair the leak.		
3-305.11A	A soda syrup bag was observed on the floor in the bag-in-box area in the storage room. Food shall be stored at least six inches off of the floor. Please store food off of the floor.		
6-501.12A	Soda syrup residue was observed on the floor in the bag-in-box area in the storage room. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area.		
6-501.12A	Dirt and syrup residue was observed on the counter surfaces behind the soda fountains. Physical facilities shall be cleaned as often as necessary to keep them clean. Please thoroughly clean this area.		
6-501.114	The storage room area is generally cluttered with waste boxes, cleaning supplies and equipment, unused equipment, display and merchandising materials; and is in need of cleaning, including the floor. The premises shall be free of items that are unnecessary to the operation and maintenance of the establishment, and clutter. Please clean and organize the storage room. Remove unused items and equipment. Clean the floor and other surfaces.		
6-501.12A			

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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.**

4-601.11C	Food residue and mold was observed on the plastic gravity fed beverage trays in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean and disinfect the racks.	3-20-18	PC
6-501.12A	Food residue was observed on the floor of the walk-in cooler #2. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor of this cooler.		

Peggy Gray

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Person in Charge / Title:	Peggy Gray	Date:	March 2, 2018
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Inspector:	<i>John Wiseman</i>	Telephone No.:	(573)431-1947	EPHS No.:	1507	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Follow-up Date: 3-20-18