



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

TIME IN	11:33 pm	TIME OUT	1:22 pm
DATE	Dec. 5, 2017	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: Ross Minit Mart		OWNER: Eric Ross		PERSON IN CHARGE: Kathy Kaiser	
ADDRESS: 1025 Sainte Genevieve Avenue			ESTABLISHMENT NUMBER: 3889		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: 573.760.1388		FAX: 573.760.1386	
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 <input checked="" 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 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		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN <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 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 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 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"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input type="checkbox"/> IN <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"/> 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				<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 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"/> 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 type="checkbox"/>	<input checked="" 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		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Kathy Kaiser</i> Kathy Kaiser		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 Ross Minit Mart		ADDRESS 1025 Sainte Genevieve Avenue		CITY /ZIP Farmington 63640		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Hot hold deli display case, ambient		142	Iced coffee in dispenser, ambient		38,	
Coffee Creamer, in dispenser		34	Cold hold deli refrigerator, ambient		40	
Walk-in beverage cooler, ambient		35	Frigidaire upright freezers, ambient		10, 0	
Walk-in beer cooler, ambient		34	Pizza prep cooler, top: cut tomatoes, pepperoni		38, 39	
Walk-in freezer, ambient		10	Pizza prep cooler, bottom: ambient, ham		38, 39	
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
NOTE 4-601.11A	All foods held hot in the deli are held by Time as a Public Health Control. Discard times are kept on a log. Green algae and black mold observed on the ice chute on the drive-up soda dispenser. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the ice chute at least daily. CORRECTED ON SITE by cleaning.				COS	KK
4-601.11A	Mold observed on the both ice chutes on the customer self--service soda dispensers. Please wash, rinse, and sanitize the chutes daily. CORRECTED ON SITE by cleaning and sanitizing				COS	
3-501.17B	The iced coffees and the coffee creamers, held in customer self-service dispensers, were not labeled with a disposition date. 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 disposal date, which is the day of opening, or preparing, plus an additional six days. CORRECTED ON SITE by date labeling				COS	
3-101.11	Seven boxes of Midol complete (4 caplets each) and one box of Advil PM (4 caplets) were past their expiration dates. Please return to distributor or dispose of outdated medicines. COS by placing in area for returns.				COS	
7-201.11B	Gallon containers of Diesel Exhaust Fluid and Windshield Washer Fluid were stored above single-use items on the shelf next to the ice maker. Toxic items shall be stored separately from or below food, single use items, clean equipment, and clean linens. Please place these items on the lowest shelf or on a chemical storage shelf. CORRECTED ON SITE by moving toxic items to lowest shelf				COS	
5-203.14A	A green hose discharge line on the water softener ended below the rim of the receiving floor drain. Water shall be protected from contamination from backflow. Please provide an air gap that is at least one inch between the end of the discharge hose and the rim of the receiving drain.				12/20/17	
Code Reference	<b>CORE ITEMS</b> 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
2-301.15	Employee was observed washing hands at the 3-vat sink. Food employees may not clean their hands in a sink used for food preparation or warewashing, or in a sink used for disposal of mop water. Please ensure all employees know where to wash hands. CORRECTED ON SITE by discussion with staff and washing hands at handwashing sink.				COS	KK
4-903.11A 4-601.11C	Debris observed on the outside surfaces and inside of the drawers on the plastic drawers, holding utensils. Clean utensils shall be protected while in storage. Please clean all surfaces of containers as often as needed to keep clean and protect utensils from contamination.				12/5/17	

EDUCATION PROVIDED OR COMMENTS

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

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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			Dippin Dots freezer, ambient		0
Code Reference	PRIORITY ITEMS			Correct by (date)	Initial
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>					
2-301.14H	Employee was observed putting on a clean pair of single-use gloves without first washing hands. Hands shall be washed prior to donning clean gloves, as contaminated gloves are no better than contaminated hands. Please ensure all food workers know when to wash hands. COS by discussion with employee and washing hands.			COS	KK
4-202.11A	Several plastic food containers, stored on the rack above the 3-vat sink and in the dish drainer, were marred and stained. Food contact surfaces shall be smooth, clean, and free of imperfections. Please discard marred and stained plastic food containers.			12/7/17	
4-601.11A	Food splatters observed inside the microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the inside of the microwave after use, or a minimum of every four hours while in continual use.			12/5/17	
3-501.17B	The whipped topping in the customer self-serve dispenser, was not labeled with a date of disposition. This topping is held at ambient temperature. According to manufacturer's label, it shall be discarded within five days after placing in the dispenser. Please label this product with a 5-day disposal date (day of opening plus an additional four days)			12/5/17	
2-201.11	An employee illness policy was not available upon request. Please prepare a policy using Chapter 2 of the Missouri Food Code (sections 2-201.11, 2-201.12, and 2-20.13) OR use the FDA Employee Health and Personal Hygiene Handbook by requiring employees to read specified pages and signing a reporting agreement (see pages 5-17, 33-38 in the handbook). Both documents are available online, or copies may be made of the provided handbook. Additional handbooks are available from the health center.			12/20/17	
Code Reference	CORE ITEMS			Correct by (date)	Initial
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>					
EDUCATION PROVIDED OR COMMENTS					
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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	