



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

|         |          |          |         |
|---------|----------|----------|---------|
| TIME IN | 9:28m    | TIME OUT | 10:27am |
| DATE    | 11-29-17 | 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:<br>SEMO Mental Health Center, West Dining Room,  |  | OWNER:<br>Missouri Department of Mental Health   | PERSON IN CHARGE:<br>Beth Stroup  |   |  |
| ADDRESS:<br>1010 West Columbia Street  |  | ESTABLISHMENT NUMBER:<br>4498  | COUNTY:<br>187  |   |  |
| CITY/ZIP:<br>Farmington, 63640   |  | PHONE:<br>573-218-6734   | FAX:  | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input checked="" type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD |  |  |   |   |  |
| PURPOSE<br><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<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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 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  |     |                                     |
|   | <b>Good Hygienic Practices</b>  |     |   | <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 type="checkbox"/> OUT <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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A  | Time as a public health control (procedures / records)   |     |                                     |
|   | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>   |     |                                     |
| <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"/> COS <input type="checkbox"/> N/A | Food received at proper temperature   |     |   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT   | Toxic substances properly identified, stored and used  |     | <input checked="" type="checkbox"/> |
| <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.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>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 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 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   |     |   |                                     | <input checked="" type="checkbox"/> | <b>Utensils, Equipment and Vending</b>  |     |                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate  |     |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     | <input checked="" type="checkbox"/> |
|                                     |                          | <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Nonfood-contact surfaces clean  |     |                                     |
|                                     |                          | <b>Prevention of Food Contamination</b>   |     |   |                                     | <input checked="" type="checkbox"/> | <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 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                                  |     |                                     |

|  |  |              |                             |                         |  |
|--|--|--------------|-----------------------------|-------------------------|--|
| Person in Charge Title: <i>[Signature]</i> |  | Beth Stroup  |                             | Date: November 29, 2017 |  |
| Inspector: <i>[Signature]</i>              |  | 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<br>SEMO Mental Health Center, West Dining Room, | ADDRESS<br>1010 West Columbia Street | CITY /ZIP<br>Farmington, 63640 |
|--|--------------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION   | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-------------------------|--------------|------------------------|--------------|
| Milk from dispenser     | 36           |                        |              |
| McCalls freezer         | 0            |                        |              |
| Arctic Air refrigerator | 36           |                        |              |
|                         |              |                        |              |

| 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. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.**

|           |  |     |           |
|-----------|--|-----|-----------|
| 7-201.11B | Bags of hand sanitizer were stored on open wire shelving above clean equipment in the storage area. Toxic materials shall be stored so they cannot contaminate food, equipment, single service items and clean linens. COS by moving the sanitizer to the lower shelf. | COS | <i>BS</i> |
|-----------|--|-----|-----------|

| 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). **These items are to be corrected by the next regular inspection or as stated.**

|           |  |              |           |
|-----------|--|--------------|-----------|
| 6-501.12A | An accumulation of dust was observed on the blade and guard of the wall mounted fan in the ware washing area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the fan as necessary.  | next routine | <i>BS</i> |
| 4-101.19  | Clean food equipment was observed stored on cloth towels on the shelves above the prep table. Non-food contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth materials. COS by replacing the towels with a clean tray. | COS          |           |

EDUCATION PROVIDED OR COMMENTS

|  |               |  |
|--|---------------|--|
| Person in Charge, Title:<br><i>Beth Stroup</i> | Beth Stroup   | Date:<br>November 29, 2017   |
| Inspector:<br><i>John Wiseman</i>              | John Wiseman  | Telephone No. (573)431-1947  |
|  | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  |               | Follow-up Date:  |