



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

| | | | |
|---------|---------|----------|--------|
| TIME IN | 12:18pm | TIME OUT | 3:30pm |
| DATE | 9-5-17 | 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: Save-A-Lot | OWNER: Can Stockers, Inc. | PERSON IN CHARGE: Matt Bishop |
| ADDRESS: 140 Vierse Drive | ESTABLISHMENT NUMBER: 0116 | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-756-7272 | FAX: 573-756-7453 |
| 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 type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input 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 checked="" 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 checked="" 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 checked="" 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 | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" 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 | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Conformance with Approved Procedures | | |
| <input checked="" 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 checked="" 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"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" 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 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 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"/> | Utensils, Equipment and Vending | | |
| <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 | | |
| | | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Physical Facilities | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | |
|---|---------------|--|
| Person in Charge / Title: <i>[Signature]</i> | Matt Bishop | Date: September 5, 2017 |
| Inspector: <i>[Signature]</i> | John Wiseman | Telephone No. (573)431-1947 |
| | EPHS No. 1507 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: 9-19-17 |



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|----------------------------------|--|-----------------------------|------------------------|--------------------------------|--------------|
| ESTABLISHMENT NAME Save-A-Lot | | ADDRESS 140 Vierse Drive | | CITY /ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Meat cutting room | | 42 | Meat coffin cooler | | 38, 40 |
| Meat storage cooler | | 26 | RTE meat cases | | 32, 40 |
| Walk-in freezer/Dairy cooler | | 0/40 | Pick five freezer | | 5, 12 |
| Retail produce cooler | | 36, 38 | Reach-in dairy cooler | | 30, 30 |
| Retail meat cooler | | 30, 30 | Aisle 7 wall freezers | | 0, 0, 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 |
|---|---|-----------------------|-----------|
| 5-203.11 5-205.15B 4-602.11C 4-601.11A 4-501.114 C 5-203.11 | <p>Temps: Aisle 7 coffin freezers 18,12,12,0,12,10,8,10,4,0,4,20,10,20</p> <p>The hand wash sink in the meat cutting room is without hot or cold water. According to the manager, the water was shut off to the sink due to a water leak. Hand washing sinks shall be conveniently located and available to employees in areas specified by law. A plumbing system shall be maintained in good repair. Please repair the hand wash sink and restore it's use.</p> <p>Dried food debris was observed on the slicer in the meat cutting room. According to the meat manager, the slicer was used earlier in the day. Food contact surfaces shall be cleaned every four hours when in use. Please wash, rinse and sanitize the slicer as necessary.</p> <p>Dried meat debris was observed on the mixer hub and in the auger well of the meat grinder. Food contact surfaces shall be clean to sight and touch. Please wash, rinse and sanitize the grinder.</p> <p>Quaternary ammonia was not detected in the sanitizer solution dispensed at the three compartment sink in the meat cutting room. Quaternary ammonia solution shall be at a concentrations specified by the manufacturer of the material. Please restore correct sanitation to the three compartment sink.</p> <p>The following observations were made in the produce prep area in the warehouse: There is no hand wash sink in this location. The three compartment sink was observed being used as a hand wash sink and a mop sink. Wet mops were stored in the three compartment sink. The facility does not have a mop sink. This condition will be evaluated and the need for correction determined.</p> | 9-19-17 9-5-17 | <i>MS</i> |

| 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 |
|--|---|-----------------------------------|-----------|
| 4-601.11C 4-302.14 6-501.12A 4-501.16 5-501.13A 4-601.11C | <p>Dirt and debris was observed on surfaces of the meat wrapping station. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean all parts of the wrapping station.</p> <p>Quaternary ammonia sanitizer test strips were not available at the meat cutting room three compartment sink. Sanitizer test kits shall be available for determining correct sanitizer concentrations. COS by placing the test strips where they are conveniently located for use.</p> <p>Blood spatters were observed on the walls beside the meat grinder. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the walls beside the grinder.</p> <p>A soiled hose was stored in the wash basin of the three compartment sink in the meat cutting room. Ware washing basins may not be used to store equipment. Please provide for sanitary storage of the water hose.</p> <p>A cardboard box was being used as a trash can in the meat cutting room. Waste handling receptacles shall be durable, cleanable and leakproof. Please provide a trash can in the cutting room.</p> <p>Dust and debris was observed on the produce wrapping station. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean all parts of the wrapping station.</p> | 9-19-17 COS 9-19-17 | <i>MS</i> |

EDUCATION PROVIDED OR COMMENTS

| | | |
|--|-----------------------------|-------------------------|
| Person in Charge / Title: <i>[Signature]</i> Matt Bishop | | Date: September 5, 2017 |
| Inspector: <i>[Signature]</i> John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: 9-19-17 |



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| ESTABLISHMENT NAME Save-A-Lot | | ADDRESS 140 Vielse Drive | | CITY / ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| | | | | | |
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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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|-----------|---|--------|----|
| 7-201.11B | Food items and single service items were observed intermingled with chemicals in the warehouse area. Food and single use items shall be protected from contamination by storing toxic materials separate from these items. COS by separating these items. | COS | MS |
| 7-201.11B | Bottles of bleach were stored on the same shelf as candy and health and beauty aids were stored on the same shelf as food in the warehouse. Food shall be protected from contamination by storing toxic materials separate from these items. Please separate these items. | 9-5-17 | |
| 3-302.11A | Raw shell eggs were stored on top of ready to eat foods in the dairy/produce walk-in cooler. Food shall be protected from cross contamination by storing raw animal proteins below ready to eat foods. Please store these foods appropriately. | COS | |
| 3-302.11A | Raw bratwurst were stored above whole muscle meats in the retail meat case. Mechanically tenderized or ground meats shall be stored below whole muscle meats. COS by rearranging the foods. | COS | |
| 3-302.11A | Raw sausage was stored above ready to eat ham in the cured meat case. Food shall be protected from cross contamination by storing raw animal proteins below ready to eat foods. COS by rearranging the foods. | COS | |

| 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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|-----------|---|---------|----|
| 6-202.11A | An unshielded fluorescent light bulb is installed above the ground beef in the retail fresh meat case. Light bulbs installed above food shall be shielded or shatter resistant. Please shield the bulb. | 9-19-17 | MS |
|-----------|---|---------|----|

EDUCATION PROVIDED OR COMMENTS

| | | |
|---|---------------------------------|-------------------------|
| Person in Charge / Title  Matt Bishop | | Date: September 5, 2017 |
| 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: 9-19-17 |