



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

TIME IN	10:56 am	TIME OUT	1:41 pm
DATE	Nov. 8, 2017	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: Shogun Japanese Steak and Sushi	OWNER: Joon Kim DBA Kaysan, LLC	PERSON IN CHARGE: Joon Kim
ADDRESS: 729 Sunset Drive	ESTABLISHMENT NUMBER: 4761	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: (573)760-1080	FAX: none
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input 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		
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"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT N/O 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"/> N/O 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"/> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	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 checked="" type="checkbox"/> N/O <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"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			Conformance with Approved Procedures		
<input checked="" type="checkbox"/> OUT N/O 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 checked="" type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food	<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

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 checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input type="checkbox"/>	<input checked="" 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 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		
		Food Identification			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
					<input type="checkbox"/>	<input checked="" 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> Joon Kim	Date: November 8, 2017
Inspector: <i>[Signature]</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Follow-up Date: Nov. 27, 2017
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No





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

ESTABLISHMENT NAME Shogun Japanese Steak and Sushi		ADDRESS 729 Sunset Drive	CITY /ZIP Farmington 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Walk-in freezer, ambient	0	Beef, grill	177 to 181
		Walk-in cooler: ambient, raw shell egg, scallops	42, 43, 37
		Walk-in cooler: cooked spaghetti, cooked chicken, beef	43, 43, 42

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
----------------	--	-------------------	---------

3-302.11A	KITCHEN Raw beef was stored above beer in the Maxx Cold refrigerator across from the tea brewer. Raw meat shall be stored separately from or below ready-to-eat food. Please arrange so the raw beef is below the beer. COS by placing beef on bottom	COS	
4-601.11A	Dried food debris observed inside the GE microwave. This poses the possibility of contamination of food that is placed into the microwave. Please wash, rinse, and sanitize the microwave a minimum of every four hours, more often if needed to keep clean.	11/8/17	
3-501.16A	The ambient temperature and the temperature of potsuckers inside the Frigidaire refrigerator were 42F. Potentially hazardous food shall be held at 41F or lower. COS by adjusting thermostat.	COS	
3-302.11A	Raw crab and raw shrimp were stored above ready-to-eat and fully cooked food in the Frigidaire refrigerator. Raw fish and seafood shall be stored below ready-to-eat and fully cooked food. COS by rearranging so the crab and shrimp are on the bottom shelf.	COS	
3-302.11A	Raw beef was stored over ready-to-eat food in the bottom of the prep cooler. Raw animal foods shall be stored below all other foods. Please place raw beef on bottom shelf. COS by moving beef to bottom shelf	COS	
3-302.11A	Raw beef was stored above raw shrimp and scallops in the walk-in cooler. Please store foods in the following vertical order to prevent cross contamination in both the walk-in cooler and walk-in freezer: raw poultry and eggs on bottom, then raw ground meats (hamburger, sausage), then raw whole muscle meats (pork, beef, bacon), then raw fish and seafood. Store all other foods above these foods.	11/8/17	
3-501.16A	The food inside the walk-in cooler had temperatures of 42 to 43F and the ambient was 42F. Food shall be held at 41F or lower. Please adjust thermostat or repair to ensure food is held at 41F or lower.	11/10/17	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
----------------	---	-------------------	---------

3-302.12	KITCHEN A spray bottle containing a clear liquid, stored on the shelf with the round, flat metal pans, was not labeled. According to owner, the bottle contained water. Please label food that is not easily identifiable. COS by discarding bottle.	COS	
4-601.11C	Accumulation of grease observed on the fronts and sides of the deep fryers. One of the fronts of the fryers had the protective shipping film still attached. Please remove shipping film and clean fronts and sides of fryers.	11/27/17	
3-304.14	A wet wiping cloth was stored on the cutting board of the prep table. Wet wiping cloths shall be stored in sanitizer between uses. Please place wet cloths in sanitizer container. COS by placing in sanitizer	COS	
4-501.11A	Tape was used to cover a crack in the 3-vat sink. Equipment shall be maintained and repaired in original condition. Please repair or replace sink.	11/27/17	
6-501.110B	A coat was stored on a tray with equipment above the 3-vat sink. Employee personal items shall be stored in a designated area where clean equipment, clean linens, food, and single-use items cannot be contaminated. COS by moving coat to employee area.	COS	
6-501.12A	The toilet in the employee bathroom was dirty on the base and under the rim. Toilets shall be kept clean. Please clean all surfaces as often as needed to keep clean.	11/8/17	
4-501.14	WAREWASHING ROOM Debris observed on the inside of the warewashing machine, and on the outsides and insides of the doors. Warewashing equipment shall be cleaned at least daily. Please clean all surfaces, including sprayer arms, of the machine.	11/8/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Joon Kim		Date: November 8, 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: Nov. 27, 2017





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

ESTABLISHMENT NAME Shogun Japanese Steak and Sushi		ADDRESS 729 Sunset Drive		CITY / ZIP Farmington 63640	
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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
3-304.11A, B	<b>SUSHI/BAR AREA</b> Paper toweling was used to line containers holding food. Food shall come in contact only with clean and sanitized equipment, or with single-use articles. Please do not allow cloth or linens to be in contact with food anywhere in the facility.	11/8/17	
7-102.11A	<b>DINING ROOM</b> An unlabeled spray bottle containing a clear liquid was stored on the bus cart. Working containers of chemicals shall be labeled with the common name of the contents. Please label spray bottle.	11/8/17	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
4-601.11C 6-301.14 5-501.113	<b>DINING ROOM</b> Debris observed on the high chairs. Please clean chairs after each use. There were no handwashing signs at the sinks in either the men's or women's customer bathrooms. Please install a sign in each bathroom to remind users of the importance of washing hands. The lid on the outside dumpster was propped open. Lids shall be kept closed on outside trash receptacles. Please keep lids closed. COS by closing lid.	11/8/17 11/8/17 COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:  Joon Kim		Date: November 8, 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: Nov. 27, 2017