



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

|         |                |          |          |
|---------|----------------|----------|----------|
| TIME IN | 10:45 am       | TIME OUT | 11:55 am |
| DATE    | Sept. 12, 2018 | 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>St. Paul's Lutheran Elementary School Cafeteria  |                         | OWNER:<br>St. Paul Lutheran Church   | PERSON IN CHARGE:<br>Denise Kinkead   |  |  |
| ADDRESS:<br>608 East Columbia Street  |                         | ESTABLISHMENT NUMBER:<br>0844  | COUNTY:<br>St. Francois   |  |  |
| CITY/ZIP:<br>Farmington 63640   | PHONE:<br>(573)756-5147 | FAX:<br>(573)756-8669  | 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 type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input 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"/> N/A   | Proper cooking, time and temperature                        |     |                                     |
| <b>Employee Health</b>  |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 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 checked="" type="checkbox"/> N/A  | Proper hot holding temperatures                             |     |                                     |
| <b>Good Hygienic Practices</b>  |   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 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 checked="" type="checkbox"/> N/A   | Time as a public health control (procedures / records)      |     |                                     |
| <b>Preventing Contamination by Hands</b>  |   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | <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 checked="" type="checkbox"/> N/A   | Pasteurized foods used, prohibited foods not offered        |     |                                     |
| <b>Approved Source</b>  |   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 checked="" type="checkbox"/>    | <input 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 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 type="checkbox"/>               | <input checked="" 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>Denise Kinkead</i> Denise Kinkead |                             | Date: September 12, 2018 |  |
| Inspector: <i>Rose Mier</i> Rose Mier                         | Telephone No. (573)431-1947 | EPHS No. 1390            | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   |                             | Follow-up Date:          |  |



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

|   |              |  |                               |
|---|--------------|--|-------------------------------|
| ESTABLISHMENT NAME<br>St. Paul's Lutheran Elementary School Cafeteria |              | ADDRESS<br>608 East Columbia Street            | CITY /ZIP<br>Farmington 63640 |
| FOOD PRODUCT/LOCATION   | TEMP. in ° F | FOOD PRODUCT/ LOCATION                         | TEMP. in ° F                  |
| Chicken in oven   | 165 to 188   | Student milk cooler: ambient, chocolate milk   | 41, 40                        |
| Potato casserole in oven  | 182          | Hot hold, serving line: green beans            | 161                           |
| Chest freezer in kitchen, ambient                                     | 12           | Walk-in cooler: ambient, nacho cheese (cooled) | 34, 36                        |
| Hot hold cabinet, ambient   | 172          |  |                               |
| Walk-in freezer, ambient  | 10           |  |                               |

| Code Reference | PRIORITY ITEMS<br>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:<br>7-201.11 | The non-stick coating on two frying pans, stored in the equipment storage room, was deteriorating. Food contact surfaces shall be smooth and free of imperfections. NOTE: according to manager, the pans belong to the church who shares the kitchen for events. They are not used in preparation of food for school lunches. A mixing bowl was stored next to bleach and disinfectant spray on the clean equipment rack in the storage room. Toxins shall be stored below or separately from clean equipment. Please separate clean equipment from all toxins. CORRECTED ON SITE by putting chemicals on bottom shelf. | COS |  |
|-------------------|---|-----|--|

| Code Reference | CORE ITEMS<br>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 |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

|                        |   |                |    |
|------------------------|---|----------------|----|
| 6-301.12               | There were no paper towels in the dispenser at the handwashing sink in the room with the ice maker. Handwashing sinks shall be equipped with paper towels through a dispenser at all times. Please install paper towels.  | 9/12/18        | Nh |
| 5-501.113<br>5-501.113 | The outside trash dumpster lids were open. Lids shall be closed. CORRECTED ON SITE by closing lids. The hinge for the lids on the outside trash dumpster was bent, and one end of a lid was not inserted on the hinge, preventing the lids from fully closing. Also, one lid had a broken out area. Outside trash receptacles shall have tight fitting lids that are pest resistant. Please ask trash company to repair the lid(s) or replace the dumpster. | COS<br>9/30/18 | ↓  |

EDUCATION PROVIDED OR COMMENTS

NOTE: a copy of this report will be emailed to Ms. Kinkead.

|  |                |  |
|--|----------------|--|
| Person in Charge /Title: <i>Denise Kinkead</i> | Denise Kinkead | Date: September 12, 2018   |
| Inspector: <i>Rose Mier</i>                    | Rose Mier      | Telephone No. (573)431-1947  |
|  | EPHS No. 1390  | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  |                | Follow-up Date:  |