



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

|         |                |          |         |
|---------|----------------|----------|---------|
| TIME IN | 1:26 pm        | TIME OUT | 4:01 pm |
| DATE    | Sept. 26, 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:<br>Steak-n-Shake   |  | OWNER:<br>In Sight, Partners, Inc.   |                               | PERSON IN CHARGE:<br>David Kennedy, manager  |                         |
| ADDRESS:<br>796 Maple Valley Drive   |  |  | ESTABLISHMENT NUMBER:<br>0009 |  | COUNTY:<br>St. Francois |
| CITY/ZIP:<br>Farmington 63640  |  | PHONE:<br>(573)760-0100  |                               | FAX:<br>(573)760-0550  |                         |
| 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 _____   |  |  |                               |  |                         |
| ESTABLISHMENT TYPE<br><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<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 checked="" type="checkbox"/> OUT N/O N/A  | Proper cooking, time and temperature                        |     |   |
| <b>Employee Health</b>   |   |     |                                     | <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 checked="" type="checkbox"/> OUT N/O N/A  | Proper hot holding temperatures                             |     |   |
| <b>Good Hygienic Practices</b>   |   |     |                                     | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N/O  | Proper eating, tasting, drinking or tobacco use   |     |                                     | <input checked="" type="checkbox"/> OUT N/O 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)      |     |   |
| <b>Preventing Contamination by Hands</b>   |   |     |                                     | <b>Consumer Advisory</b>   |   |     |   |
| <input checked="" type="checkbox"/> OUT 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 N/O  | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |                                     | <b>Highly Susceptible Populations</b>  |   |     |   |
| <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        |     |   |
| <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 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 checked="" 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Food separated and protected  |     | <input checked="" type="checkbox"/> |  |   |     |   |
| <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 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                       |     |                                     |
| <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 type="checkbox"/>               | <input checked="" type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used                 |     | <input checked="" type="checkbox"/> |
| <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 type="checkbox"/>               | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure                                       |     |                                     |
| <input type="checkbox"/>                | <input checked="" 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 type="checkbox"/>               | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |                                     |

|  |           |                              |               |
|--|-----------|------------------------------|---------------|
| Person in Charge /Title: <i>David Kennedy, manager</i>                         |           | Date: September 25, 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: Oct. 3, 2017 |               |



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|--|--|-----------------------------------|---|-------------------------------|-----------------|
| ESTABLISHMENT NAME<br>Steak-n-Shake        |  | ADDRESS<br>796 Maple Valley Drive |   | CITY /ZIP<br>Farmington 63640 |                 |
| FOOD PRODUCT/LOCATION                      |  | TEMP. in ° F                      | FOOD PRODUCT/ LOCATION                              |                               | TEMP. in ° F    |
| Hoshizaki freezer, cook line, ambient      |  | 20                                | Sandwich prep cooler: tomatoes, lettuce             |                               | 41, 42          |
| Cheese, hot hold in dispenser, cook line   |  | 138                               | Refrigerated drawer 1: ambient, ham                 |                               | 41, 41          |
| Hamburger, grill                           |  | 180, 186                          | Refrigerated drawer 2: ambient, taco meat           |                               | 50, 44          |
| Grill side cooler: ambinet, hot dogs, beef |  | 40, 41, 42                        | Pasta prep table: tomatoes, noodles, cooler ambient |                               | 48, 47, 40      |
| Chicken, warmer at drive-up window         |  | 179                               | Hot hold drawer: ambient, chili, beans, onions      |                               | 158,172,182,176 |

| 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.**

|           |   |         |     |
|-----------|---|---------|-----|
| NOTE      | TEMPERATURES, continued, in degrees Fahrenheit<br>Ice cream freezer, ambient 25; milk in dispenser 35; salad prep table, top: slaw 39, tomatoes 41, bottom: ambient 40; hot hold steamer soup: soup 189; chili in warmer 173; Hoshizake freezer, ambient 15   |         | DJK |
| 3-501.16A | The ambient temperature and food temperature of the bottom refrigerated drawer was 50 and 44F. Food shall be held at 41F or lower. Please discard food that was out of temperature more than 4 hours; if within four hours, please place in a cooler that is 41F or lower. Do not use drawer until repaired to hold food 41F  | 10/3/17 | DJK |
| 3-501.16A | The cut tomatoes and noodles, held in the top of the pasta prep cooler had temperatures of 48 and 47F. Temperature logs were reviewed and were at correct temperatures. According to manager, food temperatures are logged four times/day. Food that is out of temperature is placed in a cooler at 41F or lower, or discarded. COS by placing food in the walk-in cooler within four hours | COS     |     |
| 3-302.11A | Raw hamburger was stored above cooked chicken breasts in the grill side cooler. Raw animal-derived foods shall be stored below all other foods. COS by moving chicken to top shelf.   | COS     |     |
| 4-601.11A | Debris observed on the table-mounted can opener blade and holster. Food contact surfaces shall be clean to sight and touch. Please clean after each use, or a minimal of every four hours while in continual use. COS by cleaning and sanitizing  | COS     |     |
| 4-202.11A | The top of the food processor was broken and a piece was held on with tape. Food contact surfaces shall be free of cracks, breaks, and other imperfections. COS by discarding processor top.  | COS     |     |
| 3-501.11A | Dried food debris observed on the slicer, stored on the table in the back food preparation area. Please clean a minimum of every four hours, or after each use. COS by cleaning and sanitizing  | COS     |     |

| 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.**

|           |   |         |     |
|-----------|---|---------|-----|
| 5-205.15B | There was no cold water at the handwashing sink in the kitchen line, nor at the sink by the shake making area. Cold water shall be available at all handwashing sinks. Please repair to supply cold water.  | 10/3/17 | DJK |
| 4-601.11C | The shipping protector film remained on the bottom of the Hoshizaki freezer. The film was peeling and dirty. CORRECTED ON SITE by removing film and cleaning bottom of freezer.   | COS     |     |
| 6-301.12  | Disposable towels were not in a dispenser at the handwashing sink nearest the cash register. Towels shall be dispensed in a sanitary manner. Please install towels in a dispenser.  | 10/3/17 |     |
| 4-601.11C | Accumulation of debris observed on the inside of the ice cream freezer (below shake making table). Please clean as often as needed to keep clean.   | 10/3/17 |     |
| 6-501.18  | The handles and area around the handles and faucet at the handwashing sink in the wait beverage area were dirty. Handwashing sinks shall be kept clean. Please clean all surfaces of sink as often as needed to keep clean. COS by cleaning all surfaces of sink          | COS     |     |
| 4-601.11C | Accumulation of debris observed inside the drawer in the back preparation area (by 2-vat sink). COS by cleaning drawer.   | COS     |     |
| 4-601.11C | Food splatters observed on the outside surfaces of the True refrigerator and McCall coolers in the back prep area. COS by cleaning outside surfaces   | COS     |     |
| 3-305.11A | Ice was dripping from the condenser onto food packaging in the walk-in freezer. Food shall be protected from contamination while in storage. Please repair unit to prevent drippage; protect food by using flattened cardboard, trays, or some other method to catch ice. | 10/3/17 |     |
| 6-501.12A | Debris/mold observed on the walk-in freezer door and walls in the walk-in cooler. Please clean and sanitize walls and door in the cooler.   | 10/3/17 |     |

EDUCATION PROVIDED OR COMMENTS

|  |                             |                          |  |
|--|-----------------------------|--------------------------|--|
| Person in Charge /Title: <i>int</i> David Kennedy, manager |                             | Date: September 25, 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<br>Follow-up Date: Oct. 3, 2017 |



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|-------------------------------------|-----------------------------------|--------------------------------|
| ESTABLISHMENT NAME<br>Steak-n-Shake | ADDRESS<br>796 Maple Valley Drive | CITY / ZIP<br>Farmington 63640 |
|-------------------------------------|-----------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION    | TEMP. in ° F | FOOD PRODUCT/ LOCATION               | TEMP. in ° F |
|--------------------------|--------------|--------------------------------------|--------------|
| Walk-in freezer, ambient | 15           | True refrigerator: ambient, chicken  | 40, 41       |
|                          |              | McCall freezers, ambient             | 17, 10       |
|                          |              | Walk-in cooler: ambient, liquid eggs | 40, 41       |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
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|           |   |         |     |
|-----------|---|---------|-----|
| 5-203.14B | The hose bibb vacuum breaker on the mop sink faucet was leaking, possibly jeopardizing the proper function of the device to prevent backflow of water. Please replace the vacuum breaker. | 10/3/17 | DLK |
|-----------|---|---------|-----|

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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|           |  |         |     |
|-----------|--|---------|-----|
| 5-205.15B | Leaks was observed under the one-vat sprayer sink and in the sprayer head, in the warewashing area. Plumbing shall be maintained in good repair. Please repair both leaks. | 10/3/17 | DLK |
| 6-501.12A | Mold observed on the wall and pipes below the 1-vat pre-clean sink in the warewashing area. Please clean and sanitize wall and pipes as often as needed to keep clean.     | 10/3/17 |     |
| 4-501.14  | Debris observed on the top and under door ledge of the warewashing machine. Warewashing machines shall be cleaned at least daily. COS by cleaning machine                  | COS     |     |
| 3-302.11A | A gallon of apple flavoring was stored in the storage room without a lid. Please cover food while in storage. COS by placing lid on container.                             | COS     |     |

EDUCATION PROVIDED OR COMMENTS

|   |                        |  |
|---|------------------------|--|
| Person in Charge /Title: <i>David Kennedy</i> | David Kennedy, manager | Date: September 25, 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: Oct. 3, 2017   |