



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

TIME IN	7:56* am	TIME OUT	10:00 am
DATE	Oct. 27, 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: Tradition Inn Breakfast Bar		OWNER: Joe Scott DBA Crowne Diversified		PERSON IN CHARGE: Tina Mayberry	
ADDRESS: 1625 West Columbia			ESTABLISHMENT NUMBER: 4614		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)756-8031		FAX: (573)756-9116	
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 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 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"/> OUT <input type="checkbox"/> N/O <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 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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				Consumer Advisory			
<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			Highly Susceptible Populations			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		<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		
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 checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
<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		
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input 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		
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 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					Physical Facilities				
<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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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>Tina Mayberry</i> Tina Mayberry		Date: October 27, 2017	
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:			



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ESTABLISHMENT NAME Tradition Inn Breakfast Bar		ADDRESS 1625 West Columbia		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Yogurt, on ice on breakfast bar		52	Apple juice, dispenser		39
Frigidaire chest freezer, kitchen, ambient		0	Hard boiled eggs, on ice on breakfast bar		49 to 51
GE upright freezer, kitchen, ambient		0	Steam hot hold on breakfast bar: sausage, eggs		165, 195
Kenmore freezer, kitchen, ambient		0	Gravy, crock pot hot hold on breakfast bar		172
Kenmore refrigerator, kitchen: ambient, eggs		40	Walk-in cooler in Spokes, ambient		39

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.		
3-501.16A	A container of hard boiled eggs was stored on ice, but the ice did not touch the bottom of the container. The eggs had internal temperatures ranging from 49 to 51F. Potentially hazardous food shall be held at 41F or lower. Please discard the eggs at the end of the breakfast (9:30 am) today. Ensure the container holding eggs is fully submerged in an ice bath and monitor the temperature of the eggs to ensure they remain at 41F or lower. CORRECTED ON SITE by discussion with staff and discarding eggs at 9:30 am today.	COS	JM
3-501.16A	Containers of yogurt were stored on ice on the breakfast bar. The internal temperature of the yogurt was 52F. The yogurt was not nested in the ice, just placed on top. Please submerge the yogurt containers up to their rims to keep the yogurt cold and discard water as the containers float. CORRECTED ON SITE by discussion with staff, removing excess water, and adding ice.	COS	JM
NOTE	Because of the violation of incorrect cold holding temperatures on the breakfast bar being noted on several routine inspections, and the difficulty of keeping food at 41F or lower when held on ice, it is strongly recommended a small counter-top refrigerator be used in the breakfast bar to hold milk, eggs, yogurt, and cream cheese.		
4-702.11	According to staff, the 2-vat sink is used for cleaning equipment and utensils. All food contact surfaces shall be washed, rinsed, sanitized, and air dried after use. Please use a 3-vat sink in the front bar area or in Spokes for cleaning and sanitizing, or install a 3-vat sink in this kitchen. Note that the vats must be large enough to submerge the largest piece of equipment for sanitizing. If an additional vat is added in the kitchen for sanitizing, then a separate handwashing sink shall be installed. If this option is taken, consult our office before beginning work, as pre-approval must be obtained. COS by discussion with staff and using front sinks.	COS	
7-206.12	A baited mousetrap was observed beneath the Homan oven. Rodent bait shall be in a covered, tamper-resistant bait station. Please remove the mousetrap from the kitchen. COS by removing trap.	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.		
4-101.19	The sides of the countertop on the 2-vat sink were unfinished, and the laminate on the corners were missing, exposing raw pressed board. Surfaces that are exposed to splash or that require frequent cleaning shall be smooth and non-absorbent. Please seal the counter edges and repair/seal the damaged corners.	11/10/17	JM
5-205.11B	One vat of the 2-vat sink is a handwashing sink. Dishes were in the vat on the side where the soap dispenser is located. According to staff, the 2-vat sink is used for cleaning equipment and utensils. Handwashing sinks shall be used only for handwashing. Please designate the vat on the side with the soap as the handwashing sink and do not use these sinks for cleaning and sanitizing equipment and utensils. CORRECTED ON SITE by discussion with staff and using only right hand sink for handwashing and placing a sign that the sink is to be used only for handwashing.	COS	JM
3-305.11A	An accumulation of frost was observed in the Frigidaire chest freezer. The frost prevented the lid from fully closing. Please defrost freezer as often as needed to prevent frost accumulation.	10/31/17	
4-601.11C	Mold observed on the door seals on the Frigidaire chest freezer (front and back, outside and inside). Nonfood contact surfaces shall be clean to sight and touch. Please clean and sanitize seals.	10/31/17	
4-601.11C	Accumulation of debris under the Bunn coffee maker and the Holman oven, and on wall by coffee maker. Please clean as often as needed to keep clean. CORRECTED ON SITE by cleaning counter and wall.	COS	
3-302.15A	According to staff, fruit is not washed prior to placing on breakfast bar. All fruit shall be washed prior to peeling, cutting, cooking, or eating whole. CORRECTED ON SITE by discussion with staff	COS	
5-205.15B	There appeared to be a leak beneath the Bunn coffee maker, as a puddle was observed under the water inlet pipes. Please determine if there is a leak and repair if a leak is found.	11/10/17	

EDUCATION PROVIDED OR COMMENTS

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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:



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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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4-302.14	According to staff, chlorine bleach will be used to sanitize dishes. Test strips to check the concentration of chlorine in sanitizer solutions was not available. Please provide test kits to ensure chlorine is between 50 and 100 ppm in sanitizer solutions. Prepare chlorine sanitizer by mixing 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water. Check concentration with test strips after preparation.	10/31/17	DM
6-301.14	There was no sign to remind users of the importance of washing hands in the bathroom used by staff. Please install sign. CORRECTED ON SITE by installing provided sign.	COS	

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