



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

TIME IN	8:49 am	TIME OUT	11:257am
DATE	Nov. 29, 2018	PAGE	1 of 4

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: Clubhouse Events and Catering		OWNER: Linda Moran	PERSON IN CHARGE: Linda Moran	
ADDRESS: 4901 Hillsboro Road		ESTABLISHMENT NUMBER: 4654	COUNTY: St. Francois	
CITY/ZIP: Farmington 63640		PHONE: 573.756.7574	FAX: none	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input checked="" 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				
PURPOSE <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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NO <input 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"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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"/> NO <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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 <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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"/> 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 checked="" type="checkbox"/> OUT <input 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"/> NO	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 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 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>Linda D Moran</i> Linda Moran		Date: November 29, 2018	
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: Dec. 3, 2018



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

ESTABLISHMENT NAME Clubhouse Events and Catering		ADDRESS 4901 Hillsboro Road		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient: keg cooler in bar		36	Walk-in cooler: ambient		39
Ambient: beer cooler in bar		35	Chest freezer/basement: ambient		5
Ambient, Master Bilt freezer in kitchen		10	Turkey, on counter to prep sandwiches		37

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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	The water for this facility is provided through a non-community well, regulated by the Missouri Department of Natural Resources (MO DNR). Please contact MO DNR to alert them that there is a change in the name of the facility. Please provide a Permit to Dispense letter with the current name of the facility during the routine inspection, to be conducted in four to six weeks (depending on event schedule). According to Ms. Moran, water samples have been collected and sent to MO DNR in August; results were satisfactory. She was told by DNR that this facility was put on hold until it is in operation.		
NOTE	A water sample will be collected on December 3, 2018 for bacteriological analysis. The wellhead was observed during this inspection and appeared to be sealed and the casing in good condition.		
NOTE	The on-site wastewater treatment system (OWTS) was observed during this visit and appeared to be functioning correctly.		
7-201.11B	BAR A bottle of wine was stored in a cabinet with chemicals. Food shall be stored separately from chemicals. Please store the wine where it cannot be contaminated from chemicals.	11/29/18	<i>AM</i>
4-601.11A	KITCHEN Dried food debris was observed on the table-mounted can opener, on the shaft and housing of the pink Kitchen aid mixer, on the shaft and housing of older mixer, and on the inside of the microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize all food contact surfaces after use.	11/29/18	<i>[Signature]</i>

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

6-301.12	BAR There were no paper towels or paper towel dispenser at the bar handwashing sink. Disposable towels shall be available at handwashing sinks at all times. Please install or provide a dispenser at this sink for the paper towels. NOTE: cloth towels are not acceptable for drying hands.	11/29/18	<i>AM</i>
4-601.11C	Debris observed on the door ledge of the beer cooler in the bar. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean the ledges as often as needed to keep clean.	11/29/18	<i>[Signature]</i>
4-204.112A	A thermometer was not found in the beer cooler in the bar area. Thermometers shall be installed in convenient to read locations in all refrigerated units. Please provide a thermometer in an easy-to-read location inside this cooler.	12/3/18	<i>[Signature]</i>
5-501.16C	A trash can was not available at the sink in the bar. Trash cans for paper towels shall be convenient.	12/3/18	<i>[Signature]</i>
3-304.12B	KITCHEN The handle of a scoop was stored touching the ice inside the ice maker bin. Handles of in-use utensils shall be stored above the surface of the food. Please ensure scoop is stored to prevent contamination of the ice from the handle or when retrieving the scoop. CORRECTED ON SITE by placing scoop in holder.	COS	<i>[Signature]</i>
4-501.14C	Accumulation of debris observed on the pre-clean spray nozzle at the mechanical warewashing machine. Warewashing equipment shall be cleaned at least daily. Please clean handle/head area of sprayer.	11/29/18	<i>[Signature]</i>
6-501.14A	Dust was observed on the HVAC vents in the ceiling. Ventilation systems shall not be a source of contamination. Please clean as often as needed to keep clean.	12/3/18	<i>[Signature]</i>

EDUCATION PROVIDED OR COMMENTS

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: Dec. 3, 2018



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4-601.11B	KITCHEN Several of the frying pans were observed with baked-on debris on and pitting. Please inspect all food contact surfaces and remove those that are no longer able to be effectively cleaned.	12/3/18	
4-202.11A	Rust was observed on a grater. Food contact surfaces shall be free of imperfections. Please dispose of all equipment that is rusted, pitted, marred, or have other imperfections.	11/30/18	
4-501.114A	There was no chlorine detected in the sanitizer cycle of the mechanical dish washer. Chlorine shall be between 50 and 100 ppm in sanitizers. Please sanitize all food contact equipment in the sink after cleaning until the dishwasher reliably sanitizes.	11/30/18	
3-302.11A	Raw ground beef was stored above whole muscle beef, and whole muscle beef was stored on top of ground beef. Please stored raw ground meats below or separately from raw whole muscle meats.	11/29/18	
3-501.17B	An opened container of milk and whipping cream, located in the walk-in cooler, was not labeled with the date of disposition. Fully-cooked and ready-to-eat, potentially hazardous food that is commercially prepared and opened, or prepared on site, shall be labeled with the date of disposition if held for more than 24 hours. Please label foods with a 7-day disposition date. when required.	11/29/18	
3-302.11A	A grocery bag held broccoli and raw shell eggs. The eggs were sitting on top of the broccoli. Food shall be stored to prevent cross contamination. Please store raw animal-derived foods separately or below all other foods. CORRECTED ON SITE by placing eggs on bottom shelf.	COS	
4-601.11A	Black debris, possibly mold, was observed on the deflector of the ice maker. Please discard ice, wash, rinse, sanitize, and air dry all inside surfaces before returning to service.	12/30/18	

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6-501.12A	KITCHEN Dust observed on the FRP board above the hood (outside of hood from ceiling to top of hood). Please clean to protect food from falling debris.	12/3/18	
4-601.11C	Grease accumulation observed on the shelf above the stove. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean shelf.	12/3/18	
6-201.13A	Coving was missing below the Pre-cleaning sink at the warewashing machine. Floor-wall junctures shall be coved and sealed to 1/32" of an inch. Please replace coving.	12/3/18	
4-203.11B	Cook's thermometers were not accurate. The digital thermometer read 30F degrees when the actual temperature was 33F. The Cooper analog thermometer read 19F when the actual temperature was 33F. The Good Cook thermometer was not graduated in two degree increments. The Comark thermometer read 46F when the actual temperature was 33F. Thermometers shall read from 0 to 220F in two degree increments and be accurate. Please calibrate or replace thermometers.	11/30/18	
3-302.11A (4)	A tray holding a dessert, stored on the top shelf of the walk-in cooler, was not fully covered. Food shall be protected from contamination while in storage. Please ensure stored food remains fully covered.	11/29/18	

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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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7-201.11B	BASEMENT Canisters of fuel were stored above food. Chemicals shall be stored below or separately from food. Please rearrange to protect food from possible contamination.	11/29/18	<i>JM</i>
5-203.14A	The discharge hose on the water softener ended below the rim of the receiving pipe. Water shall be protected from contamination. Please provide an air gap between the end of the discharge hose and the rim of the receiving drain that is two times the diameter of the hose, but not less than one inch.	12/3/18	

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4-903.11A	BASEMENT A box of clamshells was stored on the floor. Single use items shall be stored a minimum of six inches off the floor. Please elevate box off floor.	11/29/18	<i>JM</i>
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