



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

TIME IN	10:44 AM	TIME OUT	12:55 PM
DATE	4/26/19	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: Pasta House		OWNER: Pasta Partners, Inc.		PERSON IN CHARGE: Alan Buff	
ADDRESS: 931 Valley Creek Drive			ESTABLISHMENT NUMBER: 0161		COUNTY: 187
CITY/ZIP: Farmington, 63640		PHONE: 573-756-0026		FAX: 573-760-1366	
PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
ESTABLISHMENT TYPE: <input checked="" 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 <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
FROZEN DESSERT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		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 _____	
License No. _____					

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 <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> T	Management awareness; policy present			<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> IN <input checked="" 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 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 checked="" 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 checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<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 type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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				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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<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	COS	R	IN	OUT	COS	R
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required				In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source				Utensils, equipment and linens: properly stored, dried, handled			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Adequate equipment for temperature control				Gloves used properly			
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>		
Approved thawing methods used				Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Thermometers provided and accurate				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
				<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food Identification				Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>		
Prevention of Food Contamination				Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Fruits and vegetables washed before use				Garbage/refuse properly disposed; facilities maintained			
				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
				Physical facilities installed, maintained, and clean			

Person in Charge /Title: Alan Buff		Date: April 26, 2019	
Inspector: Daniel Huff		Telephone No. (573)431-1947	EPHS No. 1645
		Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



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 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Pasta House		ADDRESS 931 Valley Creek Drive		CITY / ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			Salad Prep Cooler: Bottom - Ambient, Top - Salad		40, 43

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.**

2-201.11 to 2-201.13	A written employee illness policy and reporting agreement is not available for this establishment. Please develop a written policy that: a) indicates under which circumstances employee activities will be restricted or excluded within the establishment; b) ensures employees are informed of the policy; c) ensures employees recognize symptoms of foodborne illness and know their responsibility to report to the Person in Charge any symptoms and diagnosed illnesses identified on pages 5-7 of the US FDA Employee Health and Personal Hygiene Handbook. Alternatively, the FDA Handbook may be used by citing specific pages employees must read and signing a written reporting agreement. NOTE: In lieu of a follow up inspection for this item, the manager will implement a written policy within 14 days and email documentation that the policy is in place.	5/10/19	
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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.**

4-501.11B	The rubber seals on the lefthand door of the beer cooler in the bar, the cooler holding butter in the wait station, the Beverage Air refrigerator/freezer on the cook line, and the walk-in cooler are broken. Equipment shall be maintained in good repair. Please replace the broken seal. According to the manager replacement seals have been ordered for all of the cllers with broken seals.	5/10/19	
4-601.11C	Food residue was observed in the creases of the rubber door seals of the Beverage Air Refrigerator/Freezer on the cook line. Non-food contact surfaces shall be free of residue and debris accumulations. CORRECTED ON SITE by cleaning.	COS	
4-501.12	The plastic cutting board on the cook line is scratched and scored so it can no longer be effectively cleaned. Scratched and scored cutting surfaces shall be resurfaces when they can no longer be effectively cleaned and sanitized or discarded if they cannot be resurfaced. Please replace or resurface the cutting board. NOTE: According to the manager, a new cutting board is ordered.	5/10/19	
3-501.11A	Dust accumulations and mold growth were observed on surfaces inside the walk-in cooler. Food shall be stored where it is not exposed to contamination. Please clean and sanitize surfaces inside the walk in cooler. CORRECTED ON SITE by cleaning and sanitizing.	COS	
3-501.11A	An accumulation of ice was observed on containers of food in the walk-in freezer. Food shall be stored in a clean dry location where it is not exposed to moisture and other contamination. Please remove the ice accumulation from the food packages and protect food packages from future ice accumulations. CORRECTED ON SITE by removing the ice from food packages and covering the food packages with a layer of cardboard that will be routinely changed to prevent significant ice accumulation.	COS	

EDUCATION PROVIDED OR COMMENTS

A line through an item on page 1 of this report indicates the item was either not observed or not applicable.

Person in Charge /Title	Alan Huff	Date:	April 26, 2019
Inspector:	Daniel Huff	Telephone No.	(573)431-1947
		EPHS No.	1645
		Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	



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ESTABLISHMENT NAME Pasta House		ADDRESS 931 Valley Creek Drive		CITY /ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>		
NOTE	A new mechanical dishwasher (hot water sanitizing) was installed after the routine inspection on April 12, 2019. The new dishwasher reached adequate sanitizing temperatures as indicated by the thermal test label that is attached to the health center copy of this report.		
NOTE	A new salad prep cooler was installed after the routine inspection on April 12, 2019. The temperature of salad in the pan at the top of the salad prep cooler was 43-45 degrees during this follow up inspection. The ambient temperature measured in the bottom of the cooler was 40 degrees. Potentially hazardous foods held under refrigeration shall be maintained at 41 degrees or lower. At the routine inspection this facility was placed under a Time as a Public Health Control agreement under which the salad may be held at temperatures above 41 degrees Fahrenheit as long as any remaining salad after a maximum of four hours is discarded and the pan is washed, rinsed, and sanitized or replaced with a different pan and new salad is prepared and placed in the new pan. It was noted during this follow up inspection that cover for the top of the cooler remains open during operation of the facility. This facility prepares and serves salads frequently, such that it is not practical to keep the the lid on the top of the salad prep cooler closed. Because of this practice it will be difficult to maintain salad temperatures at 41 degrees or lower in the top of the cooler. The Time as a Public Health Control agreement shall remain in effect for the salad in the salad cooler indefinitely or until reevaluated at future inspections. This item remains CORRECTED ON SITE by continuing to wash, rinse, and sanitize the pans containing salad in the top of the salad prep cooler at least every 4 hours during operation.		

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>		
6-501.11	The hand washing sink in the employee restroom has separated from the wall. Physical facilities shall be maintained in good repair. Please secure the sink to the wall and reseal with caulk. NOTE: According to the manager a replacement pedestal sink has been purchased and needs to be installed.	5/10/19	
6-501.18	Dark residue was observed on the caulk behind the drain board area at the warewashing pre-rinse station. Plumbing fixtures shall be cleaned as often as need to keep them clean. Please clean and sanitize the caulk seal behind the pre-rinse drain board area.		
5-501.115	Refuse and debris were observed in the outside dumpster enclosure. Outside refuse storage areas shall be maintained free of unnecessary items and a buildup of soil that may become an attractant for rodents or insects. Please clean the dumpster enclosure.		
5-501.113B	The lids of both outdoor dumpsters were open and one door is broken. Outdoor dumpsters shall have tight fitting lids that are kept closed and they shall be maintained in good condition. One of the dumpsters is placed in a position where its lid cannot be closed. Please contact your trash service provider to have them reposition the dumpster so the lid can be closed and have them replace the broken lid on the other dumpster.		
5-501.111	NOTE: According to the manager replacement lids have been ordered for the dumpster.		
NOTE	The manager of the facility will email documentation of the replacement dumpster lid and replacement rubber door seals.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Alan Buff	Date: April 26, 2019
Inspector:	Daniel Huff	Telephone No. (573)-431-1947	EPHS No. 1645
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: