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

| TIME IN 9:19am | TIME OUT 10:11am |
|---|---|
| DATE 6-12-19 | 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: SEMO Mental Health Center, West Dining Room | OWNER: Missouri Department of Mental Health | | PERSON IN CHARGE: Beth Stroup |
|---|---|---|---|
| ADDRESS: 1010 West Columbia Street | | ESTABLISHMENT NUMBER: 4498 | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-218-6734 | FAX: 573-218-6785 | P.H. PRIORITY : ■ H ☐ M ☐ L |

ESTABLISHMENT TYPE
☐ BAKERY ☐ RESTAURANT ☐ C. STORE ☐ SCHOOL ☐ CATERER ☐ SENIOR CENTER ☐ DELI ☐ SUMMER F.P. ☐ GROCERY STORE ☐ TAVERN ■ INSTITUTION ☐ TEMP.FOOD ☐ MOBILE VENDORS

PURPOSE
☐ Pre-opening ■ Routine ☐ Follow-up ☐ Complaint ☐ Other _____

FROZEN DESSERT
☐ Approved ☐ Disapproved ■ Not Applicable
License No. _____

SEWAGE DISPOSAL
■ PUBLIC
☐ PRIVATE

WATER SUPPLY
■ COMMUNITY ☐ NON-COMMUNITY ☐ 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 |
|---|---|---|---|
| ✓IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | |
| | **Employee Health** | | |
| ✓IN OUT | Management awareness; policy present | | |
| ✓IN OUT | Proper use of reporting, restriction and exclusion | | |
| | **Good Hygienic Practices** | | |
| ✓IN OUT N/O | Proper eating, tasting, drinking or tobacco use | | |
| ✓IN OUT N/O | No discharge from eyes, nose and mouth | | |
| | **Preventing Contamination by Hands** | | |
| ✓IN OUT N/O | Hands clean and properly washed | | |
| ✓IN OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | |
| ✓IN OUT | Adequate handwashing facilities supplied & accessible | | |
| | **Approved Source** | | |
| ✓IN OUT | Food obtained from approved source | | |
| IN OUT ✓N/O N/A | Food received at proper temperature | | |
| ✓IN OUT | Food in good condition, safe and unadulterated | | |
| IN OUT N/O ✓N/A | Required records available: shellstock tags, parasite destruction | | |
| | **Protection from Contamination** | | |
| ✓IN OUT N/A | Food separated and protected | | |
| ✓IN OUT N/A | Food-contact surfaces cleaned & sanitized | | |
| IN OUT ✓N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | |

| Compliance | Potentially Hazardous Foods | COS | R |
|---|---|---|---|
| IN OUT ✓N/O N/A | Proper cooking, time and temperature | | |
| IN OUT ✓N/O N/A | Proper reheating procedures for hot holding | | |
| IN OUT ✓N/O N/A | Proper cooling time and temperatures | | |
| IN OUT ✓N/O N/A | Proper hot holding temperatures | | |
| IN OUT N/A | Proper cold holding temperatures | | |
| ✓IN OUT N/O N/A | Proper date marking and disposition | | |
| IN OUT ✓N/O N/A | Time as a public health control (procedures / records) | | |
| | **Consumer Advisory** | | |
| IN OUT ✓N/A | Consumer advisory provided for raw or undercooked food | | |
| | **Highly Susceptible Populations** | | |
| IN OUT N/O ✓N/A | Pasteurized foods used, prohibited foods not offered | | |
| | **Chemical** | | |
| IN OUT ✓N/A | Food additives: approved and properly used | | |
| ✓IN OUT | Toxic substances properly identified, stored and used | | |
| | **Conformance with Approved Procedures** | | |
| ✓IN OUT N/A | Compliance with approved Specialized Process and HACCP plan | | |

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

## 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 |
|---|---|---|---|---|
| ✓ | | Pasteurized eggs used where required | | |
| ✓ | | Water and ice from approved source | | |
| | | **Food Temperature Control** | | |
| ✓ | | Adequate equipment for temperature control | | |
| ✓ | | Approved thawing methods used | | |
| ✓ | | Thermometers provided and accurate | | |
| | | **Food Identification** | | |
| ✓ | | Food properly labeled; original container | | |
| | | **Prevention of Food Contamination** | | |
| ✓ | | Insects, rodents, and animals not present | | |
| | ✓ | Contamination prevented during food preparation, storage and display | | |
| ✓ | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | |
| ✓ | | Wiping cloths: properly used and stored | | |
| ✓ | | Fruits and vegetables washed before use | | |

| IN | OUT | Proper Use of Utensils | COS | R |
|---|---|---|---|---|
| ✓ | | In-use utensils: properly stored | | |
| ✓ | | Utensils, equipment and linens: properly stored, dried, handled | | |
| ✓ | | Single-use/single-service articles: properly stored, used | | |
| ✓ | | Gloves used properly | | |
| | | **Utensils, Equipment and Vending** | | |
| ✓ | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| ✓ | | Warewashing facilities: installed, maintained, used; test strips used | | |
| ✓ | | Nonfood-contact surfaces clean | | |
| | | **Physical Facilities** | | |
| | ✓ | Hot and cold water available; adequate pressure | | |
| ✓ | | Plumbing installed; proper backflow devices | | |
| ✓ | | Sewage and wastewater properly disposed | | |
| ✓ | | Toilet facilities: properly constructed, supplied, cleaned | | |
| ✓ | | Garbage/refuse properly disposed; facilities maintained | | |
| ✓ | | Physical facilities installed, maintained, and clean | | |

| Person in Charge Title: | Beth Stroup | | Date: June 12, 2019 |
|---|---|---|---|
| Inspector: John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: ☐ Yes ■ No<br>Follow-up Date: |

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| ESTABLISHMENT NAME | ADDRESS | CITY /ZIP |
|---|---|---|
| SEMO Mental Health Center, West Dining Room | 1010 West Columbia Street | Farmington, 63640 |

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|---|---|---|---|
| McCall freezer | 0 | | |
| Arctic Air cooler: amb, milk | 40, 38 | | |
| | | | |
| | | | |
| | | | |

| 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 |
|---|---|---|---|
| | No priority violations were observed during this inspection.<br><br>Note: The mechanical dishwasher present in the ware washing area is not used as it is not functional. All ware washing takes place at the East Dining Room kitchen. | | |

| Code Reference | **CORE ITEMS** 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.** | Correct by (date) | Initial |
|---|---|---|---|
| 6-202.11A | The light bulbs installed above the service-line steamtables are unshielded glass bulbs. In areas of food preparation, storage or service; light bulbs shall be shielded or otherwise shatter-resistant. Please replace the light bulbs with shatter-resistant bulbs. | next inspection | |
| 5-205.15B | A water leak was observed at the faucet at the hand wash sink in the prep area. A plumbing system shall be maintained in good repair. Please repair the leak. | | |
| 5-205.15B | Cold water was not available at the two-vat prep sink in the prep area. A plumbing system shall be maintained in good repair. Please restore cold water service to the sink. | | |

EDUCATION PROVIDED OR COMMENTS

| Person in Charge /Title: | Beth Stroup | | Date: June 12, 2019 |
|---|---|---|---|
| Inspector: John Wiseman | Telephone No. (573)431-1947 | EPHS No. 1507 | Follow-up: ☐Yes ☒No<br>Follow-up Date: |