



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

| | | | |
|---------|---------|----------|---------|
| TIME IN | 10:12am | TIME OUT | 11:40am |
| DATE | 9-23-19 | 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: Truman Learning Center | OWNER: Farmington R-VII School District | PERSON IN CHARGE: Charlene Willis |
| ADDRESS: 209 West College | ESTABLISHMENT NUMBER: 0243 | COUNTY: 187 |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-701-1370 | FAX: 573-701-1379 |
| P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L | | |
| ESTABLISHMENT TYPE <input 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 type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD | | |
| 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 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 checked="" type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| <input checked="" type="checkbox"/> OUT | Employee Health | | | <input checked="" type="checkbox"/> OUT <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 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/A | Proper hot holding temperatures | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 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) | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Preventing Contamination by Hands | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Hands clean and properly washed | | | | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 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/A | Pasteurized foods used, prohibited foods not offered | | |
| <input checked="" type="checkbox"/> OUT | Approved Source | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Chemical | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT | Food received at proper temperature | | | | 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 checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | 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"/> N/A | 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 | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food Identification | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Prevention of Food Contamination | ✓ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | ✓ | |

| | | |
|--|-----------------|--|
| Person in Charge / Title: <i>Charlene Willis</i> | Charlene Willis | Date: September 23, 2019 |
| Inspector: <i>John Wiseman</i> | John Wiseman | Telephone No. (573) 431-1947 |
| | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: _____ |



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

PAGE 2 of 2

| | | | | | |
|---|--|------------------------------|---|--|-------------------|
| ESTABLISHMENT NAME Truman Learning Center | | ADDRESS 209 West College | | CITY / ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Milk cooler: ambient, milk | | 38, 37 | Glenco cooler | | 36 |
| Heated chicken strips in hot cabinet | | 197 | Note: The walk-in freezer was out of order at the | | |
| Chest freezer | | 0 | time of this inspection. No food was stored in | | |
| McCall cooler in the kitchen | | 32 | the freezer. | | |
| Walk-in cooler: ambient, apple juice | | 38, 41 | | | |
| 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) |
| 4-501.114 A | Chlorine was not detected in the sanitizer bucket at the service area. Chlorine sanitizers shall be used for food contact surfaces at a concentration of 50 - 100 ppm. COS by remaking the sanitizer. | | | | COS |
| 6-501.111 | A minor accumulation of mouse droppings were observed on the floor in the corner of the dry storage room. The presence of pest shall be controlled to minimize their presence on the premises. COS by removing evidence of pests. Traps are in use in the storage room. Note: The hand wash sink in the kitchen is provided with water that is electronically metered by an infrared device. The water from the metered faucet was measured at 147F. This is not a violation but it is suggested that the faucet be adjusted to provide a wash temperature of 100 - 120F. Note: The mechanical dishwasher was determined to operate at temperatures adequate for equipment sanitation. | | | | COS |
| 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) |
| 6-501.12A | A minor accumulation of debris was observed on the floor below shelving in the storage room. Physical facilities shall be clean as often as necessary to keep them clean. COS by cleaning the floor. | | | | COS |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| Person in Charge Title: Charlene Willis Date: September 23, 2019 | | | | | |
| Inspector: John Wiseman | | Telephone No. (573) 431-1947 | EPHS No. 1507 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |