



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

TIME IN 10/9/19	6:58 AM	TIME OUT 9:52 AM
		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 CESSION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Sure Stay Breakfast Bar	OWNER: Joe Scott dba Crown Diversified	PERSON IN CHARGE: Devin Meadows	
ADDRESS: 1625 West Columbia	ESTABLISHMENT NUMBER: 4614	COUNTY: 187	
CITY/ZIP: Farmington, 63640	PHONE: 573-756-8031	FAX: 573-756-9116	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 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			
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 type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____	<input type="checkbox"/> PRIVATE 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/C <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"/> OUT <input type="checkbox"/> N/C <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"/> N/O <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 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/C <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			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						
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>			IN = in compliance OUT = not in compliance		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input checked="" type="checkbox"/>			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	IN	OUT	Proper Use of Utensils	COS	R
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		<input checked="" type="checkbox"/>
		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 type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		<input checked="" type="checkbox"/>
		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 checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		<input checked="" type="checkbox"/>
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>		<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 type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title:

Devin Meadows

Date: October 9, 2019

Inspector:

Daniel Huff

Telephone No.
(573)431-1947

EPHS No.
1645

Follow-up: Yes No

Follow-up Date: 10/11/19



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ESTABLISHMENT NAME Sure Stay Breakfast Bar	ADDRESS 1625 West Columbia	CITY/ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
New Air Refrigerator, Amb, Boiled Eggs, Milk	42-50, 41, 38	Spokes Walk-In Cooler where eggs are stored: Ambient	39
Hot Hold: Eggs, Sausage, Gravy	156, 152, 143		
GE Upright Freezer: Ambient	<0		
Kenmore Refrigerator/Freezer: Ambient	30/<0		
Idylis Chest Freezer: Ambient	<0		
Code Reference	PRIORITY ITEMS <small>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.</small>		Correct by (date)
3-501.16A (2)	The New Air refrigerator in the breakfast room had an ambient temperature ranging from 42F to 50F (bottom to top). The food in the refrigerator was at or below 41F but was taken from the Kenmore refrigerator in the kitchen this morning prior to this inspection. Please repair the refrigerator so it maintains an ambient temperature of 41F or lower. Until the refrigerator is repaired please minimize the quantity of potentially hazardous foods (milk, yogurt, and boiled eggs) placed in the refrigerator for the breakfast bar and discard any of these foods if they remain in the refrigerator for 4 hours.		10/11/19
5-401.11A	The air break at the indirect drain at the 3-vat sink was taped shut. A direct connection may not exist between a sewage system and a drain from a sink where cooking equipment, utensils, or food is placed. CORRECTED ON SITE by removing the tape from the air break.		COS
4-601.11A	Dark residue was observed inside the ice machine at the the breakfast bar service counter. Food contact surfaces shall be clean to sight and touch. CORRECTED ON SITE by discarding the ice from the machine and cleaning and sanitizing the inside of the ice machine.		COS
4-601.11A	The hinge of the ice machine in the kitchen is rusted and creates a rust powder that can fall into the ice. Food contact surfaces shall be clean to sight and touch. Please clean the hinge and consider a food grade oil to prevent the development of rust. CORRECTED ON SITE.		COS
3-202.15	A bag of eggs stored in the walk-in cooler was broken open and leaking. Food packages shall be in good condition to protect the integrity of the contents. CORRECTED ON SITE by voluntarily discarding the bag of eggs.		COS
Code Reference	CORE ITEMS <small>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.</small>		Correct by (date)
5-501.16C	There was no trash can conveniently located near the hand sink at the breakfast bar service counter. A wastebasket shall be conveniently located at each hand sink for disposal of hand drying towels. CORRECTED ON SITE by placing a trash can at the hand sink.		COS
3-304.14B	Wiping cloths were observed laying on a surfaces in the breakfast bar area and kitchen. Wiping cloths used top clean counters or equipment surfaces shall be held in a chemical sanitizer solution between use. CORRECTED ON SITE by placing the cloths in a bucket of chlorine sanitizer solution.		COS
6-501.12A	Debris was observed on the floor behind the breakfast bar service counter below and behind equipment. Physical facilities shall be cleaned as often as needed to keep them clean. CORRECTED ON SITE by cleaning the floor.		COS
6-501.11	One of the door hinges is detached on the white cabinet behind the behind the breakfast bar service counter. Physical facilities shall be maintained in good repair. Please repair the cabinet door.		10/11/19
4-204.112	No thermometers were observed in the Kenmore freezer or the Idylis Chest freezer in the kitchen. Each mechanical refrigeration unit shall be equipped with a thermometer located in the warmest part of the unit to measure the air temperature inside the unit. Please provide thermometers in the freezers.		10/11/19
6-501.11	Many of the door hinges on cabinets in the kitchen are loose or broken so the doors don't close properly. Physical facilities shall be maintained in good repair. Please repair the cabinet doors.		10/11/19
4-101.19	The plastic coating on the dish drainers in the kitchen are cracking and chipping exposing rusted metal. Non-food contact surfaces of equipment shall be smooth, corrosion resistant, and cleanable. Please replace the dish drainers.		10/11/19

EDUCATION PROVIDED OR COMMENTS

NOTE: 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: Daniel Huff Devin Meadows Date: October 9, 2019

Inspector: Daniel Huff Daniel Huff Telephone No. (573)431-1947 EPHS No. 1645 Follow-up: Yes No
Follow-up Date: 10/11/19



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ESTABLISHMENT NAME Sure Stay Breakfast Bar	ADDRESS 1625 West Columbia	CITY/ZIP Farmington, 63640
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION

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
2-201.11 to 2-201.13	An employee illness policy was not present in written form. Please develop a written policy that requires food employees and conditional employees to report to the person-in-charge information about their health and activities that relate to diseases that are transmittable through food. Alternatively, the FDA Employee Health and Personal Hygiene Handbook may be used citing specific pages employees must read and signing a reporting agreement. The handbook and the Missouri Food Code are available online.	10/11/19	DH

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
4-903.12A (5)	Clean linens were stored in a cabinet below the sink in the kitchen. Clean equipment, utensils, clean linens, and single use items shall not be stored below unshielded drains. CORRECTED ON SITE by removing the linens from the cabinet.	COS	DH
4-601.11C	Water and residue was observe in the bottom of the cabinet below the sink in the kitchen. Non-food contact surfaces shall be free of residue accumulations. No evidence of a drain leak was observed. Please clean the bottom of the cabinet and monitor to identify the source of the water. CORRECTED ON SITE by cleaning the cabinet.	COS	
4-101.19	The lower shelf in the kitchen where bottled water was stored was observed with and accumulation of residue and the surface was damaged, exposing raw particle board. Non-food contact surfaces shall be free of residue accumulations and shall be constructed of a smooth, non-absorbent, and durable material. The residue was cleaned during this inspection. Please resurface the shelf with a smooth, non-absorbent, and durable material.	10/11/19	
3-305.11A	A box of eggs was observed on the floor in the walk-in cooler where they were stored. Food shall be stored at least 6 inches above the floor to prevent contamination. CORRECTED ON SITE by removing the box of eggs from the floor.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:

Devin Meadows

Date: October 9, 2019

Inspector:

Daniel Huff

Telephone No.
(573)-431-1947

EPHS No.

1645

Follow-up: Yes No
Follow-up Date: 10/11/19