



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

|         |               |          |         |
|---------|---------------|----------|---------|
| TIME IN | 9:16 am       | TIME OUT | 12:10pm |
| DATE    | June 17, 2020 | PAGE     | 1 of 5  |

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:<br>WalMart Supercenter #0037   |  | OWNER:<br>WalMart Stores, Inc.   |                               | PERSON IN CHARGE:<br>James Russell, Co-Manager   |                         |
| ADDRESS:<br>701 Walton Drive   |  |  | ESTABLISHMENT NUMBER:<br>2423 |  | COUNTY:<br>St. Francois |
| CITY/ZIP:<br>Farmington 63640  |  | PHONE:<br>573.756.8448   |                               | FAX:<br>573.756.9134   |                         |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____   |  |  |                               |  |                         |
| ESTABLISHMENT TYPE<br><input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input checked="" type="checkbox"/> DELI SUMMER F.P. <input checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS |  |  |                               |  |                         |
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |                               | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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"/> OUT N/O N/A   | Proper cooking, time and temperature   |     |                                     |
|   | Employee Health   |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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/O 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 type="checkbox"/> N/O N/A                          | Proper hot holding temperatures  |     | <input checked="" type="checkbox"/> |
|   | Good Hygienic Practices   |                                     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O N/A                          | Proper cold holding temperatures   |     |                                     |
| <input checked="" type="checkbox"/> OUT N/O   | Proper eating, tasting, drinking or tobacco use   |                                     |   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A                          | Proper date marking and disposition  |     | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT N/O   | No discharge from eyes, nose and mouth  |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A                          | Time as a public health control (procedures / records)   |     |                                     |
|   | Preventing Contamination by Hands   |                                     |   |   | Consumer Advisory  |     |                                     |
| <input checked="" type="checkbox"/> OUT 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 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/A                              | Food received at proper temperature   |                                     |   | <input checked="" type="checkbox"/> IN <input 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.<br>IN = in compliance    OUT = not in compliance<br>N/A = not applicable    N/O = not observed<br>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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A  | Food-contact surfaces cleaned & sanitized   |                                     |   |   |  |     |                                     |
| <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"/> |   |   |  |     |                                     |

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 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"/>            | <input checked="" type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled                       | <input checked="" 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 |                                     |   |
|                                     |                          | 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  |                                     |   |
|                                     |                          | 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 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 type="checkbox"/>            | Physical facilities installed, maintained, and clean                                  |                                     |   |

|   |                                |                        |  |
|---|--------------------------------|------------------------|--|
| Person in Charge /Title:<br><i>James Russell</i><br>James Russell, Co-Manager |                                | Date:<br>June 17, 2020 |  |
| Inspector:<br><i>Rose Mier</i><br>Rose Mier                                   | Telephone No.<br>(573)431-1947 | EPHS No.<br>1390       | Follow-up:<br>Follow-up Date: June 30, 2020<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

*John Wiseman*    *Nicholas Joggerst*    *Donovan Kleinberg*



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

|   |                             |                                |
|---|-----------------------------|--------------------------------|
| ESTABLISHMENT NAME<br>WalMart Supercenter #0037 | ADDRESS<br>701 Walton Drive | CITY / ZIP<br>Farmington 63640 |
|---|-----------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION          | TEMP. in ° F |
|-----------------------|--------------|---------------------------------|--------------|
|                       |              | Bakery walk-in freezer, ambient | 0            |
|                       |              | Bakery walk-in cooler, ambient  | 35           |
|                       |              |                                 |              |
|                       |              |                                 |              |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

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 | D10b 39, 33    A2b 28    A13c 35<br>C12 -6        C10b -7    A13b 26<br>A12 41        C10c -11   A13a 32<br>C3b -7        C9b 31     A13f 30<br>C3a -12       C9c 32     A13e 30<br>C1b -11       C8b 8      A13d 30<br>C1a -18       C8c 1      A13a 29<br>C8d 10        A10c 20    C13f 32<br>C8e -4        A10b 22    C13e 32<br>C8f -2        A10a 27    C13d 32<br>C8a -5        A9b 24     C13c 36<br>C9d 41        A9a 21     C13b 35<br>C9e 33        Mtd2a 33   B7a 35<br>C9f 33        Mtd2b 33   B7b 35<br>C9a 33        Mtd1a 32   B7c 32<br>C10d -5       Mtd1b 34   B6c 30<br>C10f -2       Mtd1c 41   B6b 29<br>C10a -16      Mta8b 42   B6a 32<br>A2c 25        Mta8a 35<br>A2d 25        Mta7a 38<br>A2a 28        Mta7b 35 | TEMPERATURES, IN DEGREES FAHRENHEIT (Rose) |  |  |
|------|--|--|--|--|

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

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.**

|           |   |           |  |
|-----------|---|-----------|--|
| 6-301.11  | BAKERY (Rose)<br>There was no soap at the handwashing sink located by the scale. Soap shall be available at all times. Please supply soap to this sink. COS by installing a new soap container into the dispenser   | COS       |  |
| 4-903.11A | A stack of trays were stored on a mobile cart next to the handwashing sink, located at the back of the bakery. The trays had water on them from the handwashing sink. Clean equipment shall be protected from contamination. COS by taking top tray for cleaning and moving the cart of trays.  | COS       |  |
| 4-903.11A | One drawer in the work table held a variety of items, some of which were sanitized and some not (labels). Clean equipment shall be protected from contamination. Also, the drawer had some food debris in it. Please store unsanitized items separately from sanitized items, and clean drawer as often as needed to keep clean. COS by cleaning drawer and separating items. | COS       |  |
| 5-205.15B | A leak was observed in the drain seal under the middle vat of the 3-compartment sink. Plumbing shall be maintained in good repair. Please repair leak.  | 6/30/2020 |  |
| 4-601.11C | RETAIL (Donovan)<br>Spilled rice was observed on the shelving where rice is stored in Aisle A7. Non-Food Contact surfaces shall be kept free of an accumulation of debris. Please clean the shelving. COS by cleaning   | COS       |  |

EDUCATION PROVIDED OR COMMENTS

|                           |                           |   |
|---------------------------|---------------------------|---|
| Person in Charge / Title: | James Russell, Co-Manager | Date: June 17, 2020   |
| Inspector:                | Rose Mier                 | Telephone No. (573)431-1947<br>EPHS No. 1390<br>Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: June 30, 2020 |



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

|   |  |                             |                        |                               |              |
|---|--|-----------------------------|------------------------|-------------------------------|--------------|
| ESTABLISHMENT NAME<br>WalMart Supercenter #0037 |  | ADDRESS<br>701 Walton Drive |                        | CITY /ZIP<br>Farmington 63640 |              |
| FOOD PRODUCT/LOCATION                           |  | TEMP. in ° F                | FOOD PRODUCT/ LOCATION |                               | TEMP. in ° F |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |

| Code Reference | PRIORITY ITEMS<br>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>  | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|                | <p>TEMPERATURES, continued, in degrees Fahrenheit<br/>           Bakery walk-in freezer = 0, Main walk-in freezer = 0, Dairy walk-in cooler = 38, Meat walk-in cooler = 38<br/>           OGP Coolers = 38, 38, OGP Freezers = 0, 0, 0<br/>           D8d=36, D8c=36, D8b=34, D8a=34, D6b=32, D6a=32, D5b=36, D5a=36<br/>           LTC23=10, TLC15c=0, LTC15b=0, LTC15a=0, LTC14d=0, LTC14c=0, LTC14b=0<br/>           LTC16a=0, LTC16b=0, LTC16c=0, LTC17a=0, LTC17b=0, LTC17c=0, LTC17d=0<br/>           LTC19c=0, LTC19b=0, LTC19a=0, LTC18d=1.1, LTC18c=2.9, LTC18b=2.8<br/>           LTC20a=10, LTC20b=0, LTC20c=0, LTC20d=0, LTC21a=0, LTC21b=0, LTC21c=0, LTC21d=0</p> |                   |         |
| 3-302.11A      | <p>BAKERY (Rose)<br/>           Hush puppies were stored below raw fish in freezer C1b. Raw animal products shall be stored below or separately from all other foods. Please place hush puppies above fish or store separately.</p>   | 6/30/20           |         |
| 5-203.14       | <p>WAREHOUSE (John)<br/>           The built-in vacuum breaker is damaged on the mop sink faucet on the GM side of the warehouse. A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system. Please repair the vacuum breaker.</p>  | 6/30/20           |         |

| Code Reference | CORE ITEMS<br>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> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|                |   |                   |         |

EDUCATION PROVIDED OR COMMENTS

|                          |                           |  |
|--------------------------|---------------------------|--|
| Person in Charge /Title: | James Russell, Co-Manager | Date: June 17, 2020  |
| Inspector:               | Rose Mier                 | Telephone No. (573)-431-1947   |
|                          | EPHS No. 1390             | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                           | Follow-up Date: June 30, 2020  |



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

|   |  |                             |                        |                               |              |
|---|--|-----------------------------|------------------------|-------------------------------|--------------|
| ESTABLISHMENT NAME<br>WalMart Supercenter #0037 |  | ADDRESS<br>701 Walton Drive |                        | CITY /ZIP<br>Farmington 63640 |              |
| FOOD PRODUCT/LOCATION                           |  | TEMP. in ° F                | FOOD PRODUCT/ LOCATION |                               | TEMP. in ° F |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |

| Code Reference | PRIORITY ITEMS<br>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> | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

|          |  |     |   |
|----------|--|-----|---|
| 3-202.15 | <p>RETAIL (Donovan)</p> <p>Significant damage to the seams of cans and packages of food were observed on the following items: One bag of Great Value All-Purpose Flour, five cans of Hunt's Tomato Paste, Two Cans of Lakeside Whole Kernel Corn, one package of Naturesweet Cherubs Salad Tomatoes, one can of Old El Paso Red Enchilada Sauce, one can of Great Value Diced Tomatoes, one can of Del Monte Leaf Spinach, two cans of Freshlike Garden Peas, two cans of Campbell's Cream of Mushroom Soup, two cans of Bush's Baked Beans, three cans of Dei Fratelli Tomato Sauce and one can of Cantadina Tomato Sauce. Food packaging shall be maintained in good condition and protect the integrity of their contents. Please ensure food packaging is in good condition upon receiving and stocking. <b>CORRECTED ON SITE</b> by removing food from retail for disposal.</p> | COS |   |
| 3-202.15 | <p>Significant damage to the packaging and seals of medicine was observed on the following items: One box of Equate Probiotic, one box of Phillip's Advanced Probiotic, one box of Omeprozole Acid Reducer, two boxes of Pepto Bismol Chewables, two boxes of Refresh Tears Eye Drops. Medicinal packaging shall be maintained in good condition and protect the integrity of their contents. Please ensure medicine packaging is in good condition upon receiving and during stocking. <b>CORRECTED ON SITE</b> by removing the medicines from retail for disposal.</p>   | COS | / |

| Code Reference | CORE ITEMS<br>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> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

EDUCATION PROVIDED OR COMMENTS

|   |                             |   |
|---|-----------------------------|---|
| Person in Charge /Title:  James Russell, Co-Manager |                             | Date: June 17, 2020   |
| Inspector:  Rose Mier                               | Telephone No. (573)431-1947 | EPHS No. 1390   |
|   |                             | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: June 30, 2020 |



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

|   |  |                             |                        |                               |              |
|---|--|-----------------------------|------------------------|-------------------------------|--------------|
| ESTABLISHMENT NAME<br>WalMart Supercenter #0037 |  | ADDRESS<br>701 Walton Drive |                        | CITY /ZIP<br>Farmington 63640 |              |
| FOOD PRODUCT/LOCATION                           |  | TEMP. in ° F                | FOOD PRODUCT/ LOCATION |                               | TEMP. in ° F |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |
|   |  |                             |                        |                               |              |

| Code Reference | PRIORITY ITEMS<br>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>  | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| 3-501.17B      | Temperatures: Deli prep and cook area: (Nicholas)<br>Meat case ambient: cheese side, beef section, turkey section (38, 37, 35), Gouda, roast beef, Roast turkey (39, 38, 37).<br>Hot hold (right) buffalo chicken and wing dings (151, 120-126)<br>Hot hold (left) Chicken Strips and potato wedges (112-129, 137-142)<br>Chicken off of rotisserie (179-186)<br>Breakfast hot hold (170)<br>Walk-in fridge/freezer (38/4)<br>Deli retail area:<br>Meat and cheese case (39)<br>sandwich and salad island: (35, 34, 26, 30, 39)<br>Fresh meats case: (34, 30)<br>Butter and pizza case: (28, 30, 29, 32)<br><br>DELI (Nicholas)<br>Cooked terriyaki chicken had a disposition date of more than seven days. Refrigerated ready-to-eat potentially hazardous food shall be clearly marked with a seven day disposition date, if held for more than 24 hours, and the day the container is opened shall be counted as day 1. COS by making new label for incorrectly marked potentially hazardous food. | COS               |         |
| 3-501.16A1     | Food was not being held at 135 (chicken strips and Wing Dings). Potentially hazardous food held hot shall be held at 135F. COS by raising temperatures of food quickly and raising ambient of hot hold case.  | COS               |         |

| Code Reference | CORE ITEMS<br>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> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| 4-601.11C      | DELI (Nicholas)<br>Debris was observed in the bottom of the meat cases cooler behind the sales counter in the prep area. Non food-contact surfaces of equipment shall be clean to sight and touch. Please clean the cases to prevent an accumulation of soil and food debris.         | 6/18/2020         |         |
| 4-901.11A      | Dishes were wet nested on the bottom rack of drying station in ware-wash area. Dishes shall be air dried after adequate draining. Please allow dishes to adequately air dry by draining of water and proper stacking.   | COS               |         |
| 4-601.11C      | Debris was observed on the sprayer nozzle of the hose of the 3-vat. Non food-contact surfaces of equipment shall be clean to sight and touch. Please clean the sprayer nozzle to prevent an accumulation of soil and food debris.   | 6/19/2020         |         |
| 5-205.15A      | A leak was observed on the back-flow preventer on the 3-vat leading to the sanitizer. A plumbing system shall be maintained in good repair. Please repair the back-flow preventer with an approved American Society of Sanitary Engineering Back-flow preventer.                      | 6/30/2020         |         |
| 4-601.11C      | Debris was observed on the wall behind the 3-vat. Non food-contact surfaces of equipment shall be clean to sight and touch. Please clean the wall.  | 6/18/2020         |         |
| 4-203.12B      | Thermometer was inaccurate in the meat and cheese case in the deli retail section. Ambient air temperature measuring devices shall be accurate within (+/-3F). Please place an accurate thermometer in this case.   | 6/30/2020         |         |

EDUCATION PROVIDED OR COMMENTS

|                          |                           |                 |   |
|--------------------------|---------------------------|-----------------|---|
| Person in Charge /Title: | James Russell, Co-Manager | Date:           | June 17, 2020   |
| Inspector:               | <br>Rose Mier             | Telephone No.:  | (573)431-1947   |
|                          |                           | EPHS No.:       | 1390  |
|                          |                           | Follow-up:      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |                           | Follow-up Date: | June 30, 2020   |