



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

TIME IN	10:05am	TIME OUT	12:30pm
DATE	1-19-2020	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: Summitt Bistro		OWNER: Robert Hardy		PERSON IN CHARGE: Doug Bown/chef manager	
ADDRESS: 1350 Airpark Drive		ESTABLISHMENT NUMBER: 4843		COUNTY: St. Francois	
CITY/ZIP: Farmington, 63640		PHONE: 513-315-7233		FAX: N/A	
P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L					
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					
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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 checked="" type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" 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 checked="" type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	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 checked="" type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input checked="" 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:		Doug Bown/chef manager		Date: January 19, 2021	
Inspector:		Telephone No.:	(573)431-1947	EPHS No.:	1687
				Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Follow-up Date:	



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ESTABLISHMENT NAME Summitt Bistro		ADDRESS 1350 Airpark Drive		CITY/ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Cooler 2 (Top/bottom)/No PHF		38/39	cooler 3 (top/bottom)		39/40
Cooler 1(top/bottom)/cheese cubes		34/40/41	Cooler 7 (top) cut tomatoe/ sliced tukey		35/39
Walk-in Freezer (amb)		12	Walk-in fridge (amb.)/cut tomatoes		39/39
Cooling turkey after 1 hour/2hrs		114/68-70	Cooler 7 (amb.) grill chicken		40/40
Tall trausen in serving (amb.) No PHF		39	Prep cooler in serving unlabeled (amb.)/pooled eggs		40/41
Code Reference	<b>PRIORITY ITEMS</b> 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)
4-601.11A	Several glass dishes were observed with food residue on their food-contact surfaces. Food-contact surfaces shall be clean to sight and touch. COS by having staff wash, rinse, and sanitize.				COS
3-501.15B2 3-501.14A	Cooling turkey in the walk-in fridge was temped at 114F. According to staff it had been placed in the unit an hour earlier and they stated they had 4 hours to get it down to a proper temperature. Cooked potentially hazardous food shall be cooled within 2 hours from 135F to 70F. Cooling shall be accomplished by placing items in cold holding equipment, loosely covered or uncovered if protected from overhead contamination. COS staff opened bag and moved to walk-in freezer.				COS
Code Reference	<b>CORE ITEMS</b> 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)
4-601.11C	Can opener in the drawer opposite the prep sink was observed with food debris on it. Non-food contact surfaces of equipment shall be free of an accumulation. Please clean the can opener of all food debris.				1/26/2021
4-601.11C	Debris was observed in the bottom of cooler 3 and in the bottom door seals of cooler 3. Non-food contact surfaces of equipment shall be free of an accumulation. Please clean the cooler of all debris.				
6-501.11B	What appeared to be mouse droppings was observed in the storage room near the soda dispensers. The presence of rodents shall be controlled by routinely inspecting the premises for evidence of pests. Please remove pest evidence and monitor for future evidence. If evidence presents itself implement approved pest control measures.				
4-203.12B	The thermometer in the lunch display case in the cafeteria was observed inoperable. Ambient air measuring devices shall be accurate within (+/-3F). Please calibrate or replace the thermometer.				
5-501.16B	The pre-wash spray drain near the kitchen was observed with an accumulation of soil residue. Receptacles for waste shall be cleaned at a frequency that prevents an accumulation. Please clean the drain of soil residue.				
<b>EDUCATION PROVIDED OR COMMENTS</b>					
A line through an item on page 1 means not observed or not applicable.					
Person in Charge /Title:		Doug Bown/chef manager		Date: January 19, 2021	
Inspector:	Nicholas Joggerst	Telephone No.	EPHS No.	Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		(573)431-1947	1687	Follow-up Date:	



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ESTABLISHMENT NAME Summitt Bistro		ADDRESS 1350 Airpark Drive		CITY/ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ground burger/raw poultry reach in cooler-		39/40	Lunch display case (amb.)		40
beneath grill in serving area			Prep cooler near coffee area (amb.)		37
cooked burger/chicken on flattop		166/174	Prep cooler near coffee area top/ burger		40
Code Reference	<b>PRIORITY ITEMS</b> 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)
NOTE:	<p>A burger cooked on the flattop grill from raw was temped at 122-130F with both my thermometer and staff thermometer. Staff stated that this may be due to the burger having an access amount of cheese put on the item during temping. The burger did not look raw or bloody during temping. I told staff that the item should either be heated up to temp or could be served with a warning to the customer. The customer received the item with a warning that the item may not have been cooked to the temperature required to kill food-borne pathogens.</p> <p>The next burger temped at above the appropriate temperature. Please ensure all raw food items are cooked to the required temperature.</p>				
Code Reference	<b>CORE ITEMS</b> 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)
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: Doug Bown/chef manager Date: January 19, 2021					
Inspector:	Nicholas Joggerst		Telephone No. (573)-431-1947	EPHS No. 1687	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No