



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

| | | | |
|---------|------------|----------|---------|
| TIME IN | 11:10am | TIME OUT | 12:45pm |
| DATE | 10/16/2023 | 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: Qdoba | OWNER: Chip and Debbie Peterson | PERSON IN CHARGE: Anna Zamora/GM |
| ADDRESS: 708 West Karsch Boulevard | ESTABLISHMENT NUMBER: 4752 | COUNTY: St. Francois |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-701-9500 | FAX: 573-701-9505 |
| 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 | | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 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 | 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 _____ |
| License No. _____ | | |

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"/> 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"/> NO | 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"/> NO | 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"/> NO | Hands clean and properly washed | | | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | 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"/> NO <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

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 | 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: | Anna Zamora/GM | Date: | October 16, 2023 |
| Inspector: | Nicholas Joggerst | 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 Qdoba | | ADDRESS 708 West Karsch Boulevard | | CITY/ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Coke fridge(amb.)namco warmer:chick/steak | | 41/152/141 | Cold prep top:guac/corn salsa/salsa | | 40/39/39 |
| Cold prep bottom(amb.) | | 31 | Hot hold top: white rice/grilled chicken/queso | | 137/145/152 |
| Salad cooler:top lettuce/shredded cheese | | 42/41 | Cooler opposite prep line(amb.)/salsa | | 41/41 |
| Salad cooler bottom(amb.) | | 41 | Vulcan hot hold: shredded chicken | | 166 |
| Walk-in cooler(amb.)thawing chicken/pork | | 34/30/37 | Heater proofer hot hold: grilled chicken | | 141 |
| 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) |
| NOTE: | The Randell fridges on the sides of the grill were observed not in operation during the time of this visit. No potentially hazardous foods were observed in the units. | | | | 10/17/2023 |
| 4-601.11A | Food debris was observed on a knife holder in the middle prep area in the kitchen and debris was observed on the drying racks in the ware-wash area. Food-contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize. | | | | |
| 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) |
| NOTE: | No core violations observed. | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| Person in Charge /Title: Anna Zamora/GM Date: October 16, 2023 | | | | | |
| Inspector: | Nicholas Joggerst | Telephone No. 573-431-1947 | EPHS No. 1687 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |