



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

|         |           |          |          |
|---------|-----------|----------|----------|
| TIME IN | 11:03 AM  | TIME OUT | 12:25 PM |
| DATE    | 5/24/2024 | 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:<br>Sugarfire Smoke House   |  | OWNER:<br>Farmington SF, Inc.  | PERSON IN CHARGE:<br>Patrick Johnson  |   |  |
| ADDRESS:<br>670 Walton Drive   |  | ESTABLISHMENT NUMBER:<br>4831  | COUNTY:<br>187  |   |  |
| CITY/ZIP:<br>Farmington, 63640   |  | PHONE:<br>(573) 713-9099   | FAX:<br>N/A   | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |  |
| ESTABLISHMENT TYPE<br><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<br><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<br><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<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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper cooking, time and temperature   |     |                                     |
|   | <b>Employee Health</b>  |     |                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper reheating procedures for hot holding  |     |                                     |
| <input checked="" type="checkbox"/> OUT   | Management awareness; policy present  |     |                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper hot holding temperatures  |     |                                     |
|   | <b>Good Hygienic Practices</b>  |     |                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Time as a public health control (procedures / records)   |     |                                     |
|   | <b>Preventing Contamination by Hands</b>  |     |                                     |   | <b>Consumer Advisory</b>   |     |                                     |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O  | Hands clean and properly washed   |     |                                     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 |     |                                     |   | <b>Highly Susceptible Populations</b>  |     |                                     |
| <input checked="" type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |                                     | <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   |     |                                     |
|   | <b>Approved Source</b>  |     |                                     |   | <b>Chemical</b>  |     |                                     |
| <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"/> COS <input type="checkbox"/> N/A | Food received at proper temperature   |     |                                     | <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT   | Toxic substances properly identified, stored and used  |     | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |                                     |   | <b>Conformance with Approved Procedures</b>  |     |                                     |
| <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  |     |                                     |
|   | <b>Protection from Contamination</b>  |     |                                     |   | 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A  | Food separated and protected  |     |                                     |   |  |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <input type="checkbox"/> N/A                              | Food-contact surfaces cleaned & sanitized   |     | <input checked="" type="checkbox"/> |   |  |     |                                     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO                               | 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                       |     |   |
|                                     |                          | <b>Food Temperature Control</b>   |     |   | <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   |     |   |                                     |                                     | <b>Utensils, Equipment and Vending</b>  |     |   |
| <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 |     |   |
|                                     |                          | <b>Food Identification</b>  |     |   | <input type="checkbox"/>            | <input checked="" 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  |     |   |
|                                     |                          | <b>Prevention of Food Contamination</b>   |     |   |                                     |                                     | <b>Physical Facilities</b>  |     |   |
| <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 type="checkbox"/>            | Physical facilities installed, maintained, and clean                                  |     |   |

|                          |  |                 |   |                    |      |
|--------------------------|--|-----------------|---|--------------------|------|
| Person in Charge /Title: |  | Patrick Johnson |   | Date: May 24, 2024 |      |
| Inspector:               |  | Telephone No.:  | (573) 431-1947  | EPHS No.:          | 1686 |
| Follow-up:               |  |                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                    |      |
| Follow-up Date:          |  |                 |   |                    |      |



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|   |  |                             |   |                               |              |
|---|--|-----------------------------|---|-------------------------------|--------------|
| ESTABLISHMENT NAME<br>Sugarfire Smoke House |  | ADDRESS<br>670 Walton Drive |   | CITY/ZIP<br>Farmington, 63640 |              |
| FOOD PRODUCT/LOCATION                       |  | TEMP. in ° F                | FOOD PRODUCT/ LOCATION                  |                               | TEMP. in ° F |
| Hoshizaki Low Boy: Ambient                  |  | 41                          | Beer and Meat Walk-in: Brisket, Ambient |                               | 41, 41       |
| Cooler Drawers: Prepped Cut Tomato, Beef    |  | 45, 46                      | Meat and Sides Walk-In: Burnt Ends      |                               | 41           |
| Hot Hold: Baked Beans, Gravy                |  | 150, 161                    | Hot Hold Cabinets 1, 2 Brisket          |                               | 151, 192     |
| Cold Prep Table Top: Slaw                   |  | 40                          |   |                               |              |
| Bottom: Ambient                             |  | 39                          |   |                               |              |

| 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 |
|----------------|--|-------------------|---------|
| 7-101.11       | Several spray bottles in the chemical area were found to be unlabeled. Working containers with toxic materials shall have the container labeled with their contents. <b>CORRECTED ON SITE</b> by discussion and relabeling.                                  | COS               |         |
| 4-601.11A      | Metal filings were found inside the table mounted can opener. Food contact surfaces shall be kept clean. <b>CORRECTED ON SITE</b> by discussion.   | 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 |
|----------------|---|-------------------|---------|
| 4-501.14C      | The sprayer at the pre-clean sink in the warewashing area was found to be soiled with grease and grime. Warewashing machines shall be cleaned daily. Please clean the sprayer.  | 5/25/2024         |         |
| 6-301.14       | There was no handwashing sign in the public men's restrooms. All restrooms shall have a sign reminding employees to wash their hands. Please replace with a new sign.   | 5/24/2024         |         |

EDUCATION PROVIDED OR COMMENTS

|                          |  |                   |                 |   |
|--------------------------|--|-------------------|-----------------|---|
| Person in Charge /Title: |  | Patrick Johnson   | Date:           | May 24, 2024  |
| Inspector:               |  | Donovan Kleinberg | Telephone No.   | (573)431-1947   |
|                          |  |                   | EPHS No.        | 1686  |
|                          |  |                   | Follow-up:      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                          |  |                   | Follow-up Date: |   |