



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

TIME IN	10:40am	TIME OUT	2:15pm
DATE	10-7-15	PAGE	1 of 4

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: The Farmer's Diner		OWNER: James Burns	PERSON IN CHARGE: James Burns	
ADDRESS: 1600 Woodlawn Drive		ESTABLISHMENT NUMBER: 1321	COUNTY: 187	
CITY/ZIP: Farmington, 63640		PHONE: 573-756-5769	FAX: na	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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled <u>10-7-15</u> Results <u>pending</u>

**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		
	<b>Employee Health</b>			<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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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"/> OUT 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)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<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				<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"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<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. 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 N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input 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 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"/>	<b>Food Temperature Control</b>			<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<input checked="" type="checkbox"/>	<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		
	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
	<input checked="" type="checkbox"/>	<b>Prevention of Food Contamination</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>James Burns</i> James Burns		Date: October 7, 2015	
Inspector: <i>John Wiseman</i> John Wiseman	Telephone No. (573) 431-1947	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 10-28-15



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
GE refrigerator/freezer	48,0	hot held hamburgers	143
Frigidaire refrigerator/freezer	40,0	burger from grill	192
Frigidaire freezer	0	Frigidaire refrigerator/freezer in service area	38,0
Kenmore refrigerator/freezer	40,0	Chest freezer in storage area next to dining room	10
hot held gravy	164		

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
7-202.12A 2	A can of Raid flying insect killer was observed stored on the floor in the kitchen. Only those insecticides approved for food establishments shall be permitted in a food establishment. Please remove the insecticide from the premises. COS by removing from premises.	COS	OB
3-501.17A	Packages of American cheese were observed stored in the Frigidaire refrigerator without dates of disposition. Potentially hazardous food held refrigerated shall be marked with the day or date by which the food will be used, sold or discarded. COS by affixing a date of disposition.	COS	
3-501.16A 2	The ambient temperature of the GE refrigerator was measured at 48F. Cold holding units shall provide adequate temperature control to ensure potentially hazardous foods are held at 41F or lower. An unopened roll of ground beef was observed within. According the Mr. Burns, the ground beef had been in the refrigerator for less than two hours. The ground beef was moved to a different refrigerator. Do not place potentially hazardous foods in this unit until it can be demonstrated that it can maintain a temperature of 41F or less. COS by moving food.	COS	
7-202.11B	A container of liquid ant bait station was observed stored on an open shelf above clean hot holding units in the kitchen. Poisonous materials shall be stored so they cannot contaminate food, equipment, utensils, linens, and single service items. Please locate the bait station to and area away from food and equipment. COS by moving the bait station away from food and prep areas.	COS	
4-202.11A 2	A cracked plastic measuring cup was observed stored on a shelf above the hand wash sink in the kitchen. Multiuse food contact surfaces shall be free of cracks, chips or pits. Please remove the measuring cup from service. COS by discarding the measuring cup.	COS	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
6-202.11A	A florescent light fixture above food prep areas in the kitchen was observed to be damaged and not fully shielding the bulb. Light bulbs located above food, food prep areas, clean equipment and open single service items shall be shielded or shatter resistant. Please provide adequate shielding at this location.	10-28-15	OB
4-302.14	Sanitizer test strips were not available for kitchen use. A test kit or other other device that accurately measures the concentration in mg/L of sanitizing solution shall be provided. Please obtain and use an appropriate sanitizer test kit.		
3-305.12F 4-903.125	Food and clean equipment was observed stored below the drain plumbing of the kitchen hand wash sink. Food, equipment and single service items may not be stored below unshielded sewer lines. Please relocated these items away from the sewer lines. COS by moving items.	COS	
4-903.11A 3	Cases of foam cups and clear plastic single use containers were observed stored on the floor in the storage area adjacent to the dining room. Single service items shall be protected from contamination be storing at least six inches off of the floor. Please store single service items at least six inches off of the floor.	10-28-15	
4-601.11C	An accumulation of mold was observed on the door seals of the chest freezer located in the storage area adjacent to the dining room. Non-food contact surfaces shall be cleaned as often as necessary to keep clean.		

EDUCATION PROVIDED OR COMMENTS

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Inspector:	Tom Wiseman	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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4-501.114	According to Mr. Burns, the facility uses Clorox spray for sanitizing food contact surfaces. Only approved chemical sanitizers shall be used for food contact surface sanitization. Please use an approved chemical sanitizer prepared at the correct concentration for food contact surface sanitization.	10-10-15	
6-501.111 ABCD	Rodent droppings were observed on the floor in the kitchen, the kitchen storage room, the counter service area and the storage area adjacent to the dining room. The presence of insects and rodents shall be controlled to minimize their presence on the premises by: routinely inspecting incoming shipments of supplies, routinely inspecting the premises for the presence of pests, using professional control services, and eliminating harborage conditions. Please remove the evidence of pests and continue to monitor for their presence.		
4-601.11A	Food debris was observed on the upper interior surface of the kitchen microwave oven. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize the microwave interior. COS by wash, rinse, sanitize.	COS	
6-501.111 ABCD	Spider webs were observed in the kitchen storage room, under the service counter, and in the dining room storage area. The presence of insects and rodents shall be controlled to minimize their presence on the premises by: routinely inspecting incoming shipments of supplies, routinely inspecting the premises for the presence of pests, using professional control services, and eliminating harborage conditions. Please remove the evidence of pests and continue to monitor for their presence.	10-10-15	

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6-202.14	The restroom doors for both the mens and womens restrooms were observed to be installed without self-closing devices. Toilet rooms servicing a food establishment shall be completely enclosed and provided with a tight-fitting and self-closing door. Please install self-closing devices on the restroom doors.	10-28-15	
5-501.17	A covered waste-can was not observed in the womens restroom. Toilet rooms used by females shall be provided with a covered waste-can. Please provide a covered waste-can at this location.		
3-305.11A 2	Pies were observed stored at the service counter uncovered. Food shall be protected from contamination. Please cover the pies to prevent contamination from insects and dust and debris.		

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4-601.11A	Mold was observed on the nozzle housing of the soda fountain at the counter service area. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize this area.	10-7-15	OS
5-403.11A 2	Effluent from the on-site waste treatment system was observed surfacing north of the building, running across the gravel drive and accumulating in an adjacent field. The effluent has the appearance and smell of sewage. On-site wastewater treatment systems (OWTS) shall be maintained and operated to preclude surfacing or discharging effluent, production of odors or the creation of a habitat for insect breeding, contamination of surface water or groundwater or creation of a nuisance or health hazard. Please contact the St. Francois County Health Center at 1025 West Main Street, Park Hills MO 63601; 573-431-1947 to obtain an OWTS application for a permit to correct this violation. Replacement or repair of the system shall not proceed without first obtaining a permit application, completing and submitting an application including state processing fees, and receiving an approved permit from the St. Francois County Health Center and the state of Missouri. A Notice Of Violation (NOV) will be forthcoming to the owner of the establishment detailing the violation and indicating what must be done to abate the violation.	Pending approval of a permit.	↓

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