



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

TIME IN 7:45 am	TIME OUT 9:45 am
DATE Oct. 26, 2016	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: The Farmer's Diner		OWNER: James Burns	PERSON IN CHARGE: James Burns	
ADDRESS: 1600 Woodlawn Drive		ESTABLISHMENT NUMBER: 1321	COUNTY: St. Francois	
CITY/ZIP: Farmington 63640		PHONE: (573)756-5769	FAX: (573)756-6843	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS				
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>10/26/16</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		
	Employee Health						
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
	Good Hygienic Practices						
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cold holding temperatures		
	Preventing Contamination by Hands						
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
	Approved Source						
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN <input checked="" type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Pasteurized foods used, prohibited foods not offered		
IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> N/A	Chemical		
	Protection from Contamination						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized				Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				Conformance with Approved Procedures		
					Compliance with approved Specialized Process and HACCP plan		

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 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 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		
		Prevention of Food Contamination					Physical Facilities		
<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 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 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 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): <u>James Burns</u> James Burns		Date: October 26, 2016	
Inspector: <u>Rose Mier</u> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Nov. 9, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME The Farmer's Diner		ADDRESS 1600 Woodlawn Drive		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, Frigidaire freezer		0	Ambient: Frigidaire refrigerator/freezer in dining room		40/0
Gravy, hot hold: white, brown		150, 151	Ambient: Frigidaire refrigerator/freezer in kitchen		38/12
Cut tomatoes, on ice		36	Ambient: Kenmore refrigerator/freezer in kitchen		39/10
Sausage, hot hold		135			

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)	Initial
5-203.14B	There did not appear to be backflow prevention on the urinals in the men's bathroom. Water shall be protected from contamination. Please install an American Society of Sanitary engineering (ASSE) rated backflow prevention device on the water inlet lines of each urinal.	11/9/16	
7-201.11A	A can of paint was stored on the same shelf with single-use items on the wall shelf in the north storage area. Chemicals shall be stored separately from or below single-use items. Please store can where food and food-related items and clean linens cannot be contaminated.	10/26/16	
6-501.111	Mouse feces observed on the shelves below the pass-through window and in the pantry in the kitchen. Please remove all evidence of pests and begin an approved method of pest control.	11/2/16	
5-403.11A	The on-site wastewater treatment system is in the process of being replaced after a Notice of Violation was issued due to failing system and surfacing effluent. Mr. John Wiseman is working with installer Jason Higgens to correct the violation.	pending	
3-603.11	Eggs are served undercooked upon request. There was no consumer advisory posted. Please provide an advisory on the menus, posted, on table tents, or some other effective means.	11/2/16	
NOTE	I met with Ms. Jenna Young to discuss the violations noted in the men's and women's bathrooms. I provided handwashing signs and asked that she have the violations corrected by the follow-up visit. I offered to give her a copy of this inspection, but she said she will make a copy from Mr. Burn's copy.		

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)	Initial
5-205.15B	Leaks were observed on the water inlet lines into each of the men's urinals. Plumbing shall be maintained. Please repair leaks.	11/9/16	
6-301.14	There were no handwashing signs in either of the bathrooms. Please install signs to remind users of the importance of washing hands.	10/26/16	
6-501.112	Mouse feces observed in the cabinet of the handwashing sink in the women's bathroom. Please remove all mouse feces and begin an approved method of pest control.	11/9/16	
5-501.17	There were no covered trash cans in the women's bathroom. Please provide a trash can with a lid in the women's bathroom, preferably one in each stall.	11/9/16	
4-903.11A	Single use items (plastic clamshells, box of cups) were stored on the floor in the north storage area. Single-use items shall be stored a minimum of six inches off the floor.	10/26/16	
5-205.11B	The handwashing sink in the service area was used to fill pitchers and to rinse equipment. Handwashing sinks shall be used only for handwashing. Please ensure all employees use handwashing sinks only for handwashing. CORRECTED ON SITE by discussion with employee	COS	
4-601.11C	Accumulation of debris observed on the outside of the microwave, and on the tub containing buns stored on the floor below the microwave. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean.	10/26/16	
6-202.11A	Shields were not placed over two ceiling bulbs. Bulbs shall be shielded or shatter-resistant. NOTE: the shields were on-site and to be installed.	10/26/16	
5-205.15B	One toilet in the women's bathroom was stopped up. Please unstop toilet to prevent overflow.	10/26/16	

EDUCATION PROVIDED OR COMMENTS

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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: Nov. 9, 2016



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ESTABLISHMENT NAME The Farmer's Diner	ADDRESS 1600 Woodlawn Drive	CITY / ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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4-904.11B 4-302.14	Utensils were stored handles down on the table. Please store handles up to prevent contamination, or in flat in a container. CORRECTED ON SITE by placing utensils flat and inverting There were no sanitizer test strips upon request. Please have test strips available at all times for checking the concentration of chlorine in sanitizer solutions (50 to 100 ppm).	COS 10/2/16	
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