



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

TIME IN	9:43 am	TIME OUT	1:03 PM
DATE	Feb. 10, 2016	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: Homestead Restaurant		OWNER: Duane Rosener	PERSON IN CHARGE: Vernon Nave	
ADDRESS: 1024 Highway K		ESTABLISHMENT NUMBER: 0778	COUNTY: 187	
CITY/ZIP: Bonne Terre 63628		PHONE: (573)358-7277	FAX: none	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____				
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-16380, exp. 11/30/16		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 N/O N/A	Proper cooking, time and temperature		
Employee Health				<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT 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 N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT 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 N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				Consumer Advisory			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T 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			Highly Susceptible Populations			
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT N/O <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 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"/> Q/C N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
<input type="checkbox"/> IN <input type="checkbox"/> OUT 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		
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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT 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 type="checkbox"/>	<input checked="" 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		
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification					<input checked="" type="checkbox"/>	<input 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Vernon Nave</i> Vernon Nave		Date: February 10, 2016	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Feb. 23, 2016



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

ESTABLISHMENT NAME Homestead Restaurant		ADDRESS 1024 Highway K		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Green beans, stovetop		192	Meatloaf, hot hold cabinet		156
Gravy, hot hold cabinet		163	Ambient, 2-door True cooler		39
Ambient, True hot hold cabinet		172	Cooked chicken, diced, 2-door True cooler		41
Chicken gravy, 2-door True cooler		46	Freezer drawers (4)		0,0,0,0
Turkey gravy, 2-door True cooler		41	Meatloaf, oven (2 pans)		157, 173

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	DINING Backflow prevention was not observed on the water inlet line into the two Bunn coffee makers and two tea brewers in the dining rooms. Water supply shall be protected from contamination. Please provide evidence that backflow prevention is provided, or install American Society of Sanitary Engineering (ASSE) rated backflow prevention devices on these tea and coffee brewers.	2/23/16	Vd
3-501.15A	KITCHEN Gravy that was taken from the hot hold bar and placed in cooler had an internal temperature of 46F. Please cool food as follows: cool from 135F to 70F within 2 hours, then from 70F to 41F within an additional four hours. If the first benchmark is not met, reheat food to 165F for 15 seconds and begin process again. If second benchmark is not met, discard food. To facilitate cooling, place food in shallow containers and nest in another container of ice water. Stir and monitor. Food may be covered, but provide vents on sides or corners to allow steam to escape. Monitor time and temperature throughout cooling process. NOTE: Gravy was voluntarily discarded.	2/10/16	
4-601.11A	Accumulation of debris on the inside and outside surfaces of the Sharp microwave. Food contact surfaces shall clean to sight and touch. Please wash, rinse, and sanitize a minimum of every four hours, more often if needed to keep clean.	2/10/16	
7-102.11	Three spray bottles (one with green liquid, one with pink liquid, one with yellow liquid), stored in crate below 3-vat sink across from water heater, were not labeled. Working containers of toxins shall be labeled with the common name of the contents. Please clean bottles and label with contents.	2/10/16	
2-301.12B	Employees observed washing hands, but not for correct length of time. Please ensure employees wash hands for 10 to 15 seconds before rinsing.	2/10/16	

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
6-301.12	DINING ROOM AREA There were no paper towels available at the handwashing sink in the beverage service area. Disposable towels or warm air dryer shall be available at all times. Please provide a sanitary means of drying hands at this sink at all times.	2/11/16	Vd
4-601.11C	Food debris observed on the outside rim edges of metal insert pans of the hot buffet bar, the dessert bar, and cold buffet bar. Please wash, rinse, sanitize, and inspect all pans for cleanliness after use.	2/11/16	
4-601.11C	Debris observed on the insides of the buckets holding utensils, stored on wall shelf in the waitress area. Please clean buckets as often as needed to keep clean.	2/11/16	
4-601.11C	KITCHEN Accumulation of debris on the outside and inside of the freezer drawers, including under the pull holds. Please clean drawers as often as needed to keep clean.	2/11/16	
4-901.11A	Metal containers stored on shelf below the island work table were wet nested. Please allow equipment to completely air dry before nesting.	2/11/16	
4-601.11C	Debris observed inside containers holding measuring utensils, and inside container holding spices, stored on the shelf below hanging pots. Several of the measuring utensils were in-use. In-use equipment shall be held between uses on a clean and sanitized surface. Please clean containers and the items held in the containers as often as needed to keep clean.	2/12/16	

EDUCATION PROVIDED OR COMMENTS

NOTE: This inspection was conducted simultaneously with a Risk Factor Study.

Person in Charge /Title: <i>Vernon Nave</i> Vernon Nave		Date: February 10, 2016	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Feb. 23, 2016



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

ESTABLISHMENT NAME Homestead Restaurant		ADDRESS 1024 Highway K		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, 1-door True cooler		40	Ham, 1-door True cooler		37
Chicken, deep fryer (about 10 pieces)		167 to 192	Chicken, oven (about 8 pieces)		211 to 212
Pork steaks, stove top		156 to 163	Ham, walk-in cooler		29
Soft serve mix, walk-in cooler		39	Ambient, walk-in cooler		39
Ambient, walk-in freezer		23	Ambient, True 1-door freezer		0

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
4-601.11A	WAREWASH AREA Black debris, possibly mold, observed on several cutting boards stored on the clean equipment rack. Food contact surfaces shall be clean to sight and touch. Please scrub boards with sanitizer after cleaning; if black is not removed, refinish or replace affected cutting boards.	2/23/16	VAV
4-601.11A	STORAGE/PREP AREA (directly off kitchen) Debris observed on the attachments to the Globe mixer, stored on shelf below mixer. Please wash, rinse, sanitize, and protect from contamination while in storage.	2/11/16	
3-302.11A	Raw chicken livers were stored above fully cooked chicken in the walk-in freezer. Please store raw foods below fully cooked foods to prevent cross-contamination.	2/10/16	
4-601.11A	Food debris observed in crevices and on blade of meat/cheese slicer. Please disassemble, wash, rinse, sanitize all parts, especially crevices. Cover with food-grade plastic while in storage.	2/11/16	
7-201.11B	COLD-ROOM STORAGE A can of stainless cleaner was stored above clean equipment. Please store chemicals separately and below clean equipment, food, clean linens, and single-use items.	2/10/16	

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
6-101.11A	WAREWASH AREA Wall damage observed by electrical boxes, exposing drywall. Walls shall be smooth and nonabsorbent. Please repair to allow cleaning of walls.	2/23/16	VAV
6-501.11	Several floor tiles were broken or missing. Floors shall be smooth and nonabsorbent to allow effective cleaning. Please replace broken and missing tiles.	2/23/16	
4-601.11C	Accumulation of debris on the shower head, handle, and tube of the spray nozzle for the 2-vat sink. Please clean as often as needed to keep clean.	2/11/16	
4-601.11C	Accumulation of debris on the outside top and sides of the mechanical dish washer. Please clean all surfaces of dish machine at least daily.	2/11/16	
5-205.11A	Handwashing sink access was blocked with a large trash can. Please keep access to handwashing sink available at all times.	2/10/16	
4-601.11C	STORAGE/PREP AREA (directly off kitchen) Accumulation of debris observed on the shelves above work table, holding spices, powdered potatoes, bacon bits, etc. Please clean as often as needed to keep clean.	2/11/16	
4-601.11C	Debris observed inside containers holding lids beneath the work table across from the Globe mixer. Please clean containers and lids, and protect by covering while in storage.	2/11/16	
3-304.12B	A plastic container without a handle was stored in a large bowl of flour breading. In-use utensils shall have a handle that is stored above the surface of the food. Please dispose of plastic tub and use only utensils with handles.	2/10/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Vernon Nave* Vernon Nave Date: February 10, 2016
 Inspector: *Rose Mier* Rose Mier Telephone No. (573)-431-1947 EPHS No. 1390 Follow-up: Yes No
 Follow-up Date: Feb. 23, 2016



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

ESTABLISHMENT NAME Homestead Restaurant		ADDRESS 1024 Highway K		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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
----------------	--	-------------------	---------

NOTE	Temperatures, continued, in degrees Fahrenheit: Cold hold buffet bar -- cut lettuce 42; eggs 40; ham 38; pudding 40; pasta salad 40; cut tomatoes 42 Hot hold dessert bar -- vegetable/beef soup 143; bread pudding 141 Soft serve mix, hopper of soft serve maker 37 Hot hold buffet bar -- pork steaks 162; corn 180; baked chicken 164; fried chicken 151; beans 142; meatloaf 143		
------	--	--	--

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
----------------	---	-------------------	---------

6-101.11A	The "old office" that is now used for access to the soft serve maker, is unfinished, with exposed dryboard, raw support beams, and unsealed drywall. Please finish all surfaces of this room to make walls smooth and cleanable.	2/23/16	VN
6-202.16	Holes observed on the exterior in back of the building where utilities entered the building. Perimeter walls shall protect the facility from entry of pests. Please seal all holes on the exterior of the building.	2/23/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Vernon Nave</i> Vernon Nave		Date: February 10, 2016
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Feb. 23, 2016