



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

|                          |         |                      |
|--------------------------|---------|----------------------|
| TIME IN<br>Dec. 22, 2016 | 9:51 am | TIME OUT<br>12:37 pm |
| DATE                     |         | 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 CESSION OF YOUR FOOD OPERATIONS.

|   |  |   |   |
|---|--|---|---|
| ESTABLISHMENT NAME:<br>Huddle House   | OWNER:<br>Keith Ratliff, DBA Ratliff, Inc.   | PERSON IN CHARGE:<br>Mark Fischbeck   |   |
| ADDRESS:<br>305 East Karsch Boulevard   | ESTABLISHMENT NUMBER:<br>4538  | COUNTY:<br>St. Francois   |   |
| CITY/ZIP:<br>Farmington 63640   | PHONE:<br>(573)760-9213  | FAX:<br>(573)701-9198   | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE<br><input checked="" type="checkbox"/> RESTAURANT <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 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 type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY<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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooking, time and temperature  |                                     |   |
|   | Employee Health   |                                     |   | <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A            | Proper reheating procedures for hot holding   |                                     |   |
| <input checked="" type="checkbox"/> OUT   | Management awareness; policy present  |                                     |   | <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper hot holding temperatures   |                                     |   |
|   | Good Hygienic Practices   |                                     |   | <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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 type="checkbox"/> OUT <input type="checkbox"/> N/C <input type="checkbox"/> N/A            | Proper date marking and disposition   | <input checked="" type="checkbox"/> |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O                              | No discharge from eyes, nose and mouth  |                                     |   | <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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 type="checkbox"/> N/O                              | Hands clean and properly washed   |                                     |   | <input checked="" 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 |                                     |   |   | Highly Susceptible Populations  |                                     |   |
| <input checked="" type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |                                     |   | <input type="checkbox"/> OUT <input type="checkbox"/> 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"/> OUT <input type="checkbox"/> N/A   | Food additives: approved and properly used  |                                     |   |
| <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/C <input 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 type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |                                     |   | <input type="checkbox"/> OUT <input 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. |                                     |   |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food separated and protected  |                                     |   |   | IN = in compliance  | OUT = not in compliance             |   |
| <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | Food-contact surfaces cleaned & sanitized   |                                     |   |   | N/A = not applicable  | N/O = not observed                  |   |
| <input type="checkbox"/> OUT <input type="checkbox"/> N/O   | Proper disposition of returned, previously served, reconditioned, and unsafe food           | <input checked="" type="checkbox"/> |   |   | 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"/> |     | Pasteurized eggs used where required  |     |   | <input checked="" type="checkbox"/>                          |     | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> |     | Water and ice from approved source  |     |   | <input checked="" type="checkbox"/>                          |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |     | Food Temperature Control  |     |   | <input checked="" type="checkbox"/>                          |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |     | Adequate equipment for temperature control  |     |   | <input checked="" type="checkbox"/>                          |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |     | Approved thawing methods used   |     |   |  |     | Utensils, Equipment and Vending   |     |   |
| <input checked="" type="checkbox"/> |     | Thermometers provided and accurate  |     |   | <input checked="" type="checkbox"/>                          |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |     | Food Identification   |     |   | <input checked="" type="checkbox"/>                          |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" 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"/> |     | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/>                          |     | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |     | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/>                          |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/>                          |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |     | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/>                          |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> |     | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/>                          |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |     |   |     |   | <input checked="" type="checkbox"/>                          |     | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge /Title:  
*Mark Fischbeck*

Mark Fischbeck

Date: December 22, 2016

|                                |                                |                  |  |
|--------------------------------|--------------------------------|------------------|--|
| Inspector:<br><i>Rose Mier</i> | Telephone No.<br>(573)431-1947 | EPHS No.<br>1390 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                                |                                |                  | Follow-up Date: Dec. 30, 2015  |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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PAGE 2 of 3

| ESTABLISHMENT NAME                       | ADDRESS   | CITY / ZIP  |                   |
|--|---|---|-------------------|
| Huddle House                             | 305 East Karsch Boulevard   | Farmington 63640                                  |                   |
| FOOD PRODUCT/LOCATION                    | TEMP. in ° F  | FOOD PRODUCT/ LOCATION                            | TEMP. in ° F      |
| Egg, fully cooked to order, grill        | 158   | Cooler below Cadco oven: ambient, chili, potatoes | 42, 42, 44        |
| Sausage, grill                           | 188   | Refrigerated drawers (4), ambient                 | 38, 40, 39, 40    |
| Shell egg, by grill                      | 67  | Potatoes, ham, sausage, hamburger in drawers 1-4  | 41-42, 41, 29, 30 |
| Hot hold: gravy, grits, gravy            | 168, 171, 177   | Prep table, top: cut tomatoes, ham, potatoes      | 33, 31, 37        |
| Salad prep cooler, bottom: ambient, grav | 30., 39   | Salad prep cooler, top: cut tomatoes, cut lettuce | 38, 41            |
| Code Reference                           | PRIORITY ITEMS<br><i>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.</i>  |   |                   |
| 3-501.18                                 | Several containers of macaroni and cheese, stored in the cooler below the Cadco oven, were date-marked 12/10 - 12/13. According to manager, this food was prepared yesterday. Food that is not labeled correctly shall be discarded. CORRECTED ON SITE by voluntarily discarding macaroni and cheese. |   |                   |
| 3-501.16B                                | The cooler below the Cadco oven had an ambient temperature of 42, and the food stored within had internal temperatures between 42 and 44. Potentially hazardous food shall be stored at 41F or lower. Please adjust the thermostat or repair the unit so it holds food at 41F or lower.               |   |                   |
| 4-601.11A                                | Two cups, stored by the Cadco oven, were observed with debris on them. Food contact surfaces shall be clean to sight and touch. Please inspect equipment after cleaning and before storing for cleanliness. CORRECTED ON SITE by moving cups to warewash area.  |   |                   |
| 3-501.16B                                | Raw shell eggs were stored on the counter of the cooking surface. The internal temperature was 67F. Please remove fewer eggs at one time and replace eggs as soon as possible, or rotate eggs to leave out during rush times, to prevent eggs from warming above 45F.                                 |   |                   |
| 4-601.11A                                | The microwaves were dirty on the inside. Microwaves shall be washed, rinsed, and sanitized when soiled. Please place microwaves on a cleaning schedule to be cleaned and sanitized a minimum of every four hours.   |   |                   |
| 4-601.11A                                | Fry pans were in continual use, stored below the stove, were cleaned every shift. In use equipment that is in contact with potentially hazardous food shall be cleaned and sanitized a minimum of every four hours. Please place pans on a 4-hour cleaning schedule.                                  |   |                   |
| Code Reference                           | CORE ITEMS<br><i>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.</i>                 |   |                   |
| 4-601.11C                                | Accumulation of debris observed in the bottom of the cooler below the Cadco oven. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean as often as needed to keep clean.   |   |                   |
| 4-601.11C                                | Spilled or splattered batter observed on the inside of the cooler door below the waffle maker. Please clean inside of cooler and door as often as needed to keep clean.   |   |                   |
| 4-601.11C                                | Accumulation of debris observed in the bottom of the salad prep cooler. Please clean as often as needed to keep clean.  |   |                   |
| 4-601.11C                                | Accumulation of debris observed in some of the drawers below the cooking equipment. Please clean as often as needed to keep clean.  |   |                   |
| 4-601.11C                                | Accumulation of grease and food observed in the catch drawer below the flat grill. Please clean drawer at least daily to reduce pest attraction.  |   |                   |
| 4-501.11A                                | Metal coated shelving in the Delfield refrigerators were observed rusting. Surfaces of equipment must be maintained in good repair. Please recoat or replace all shelves that are rusting.  |   |                   |
| 4-601.11C                                | Accumulation of debris observed in the bottom and the door inside of the Delfield dessert cooler. Please clean as often as needed to keep clean.  |   |                   |
| 6-202.11                                 | Grout was missing between floor tiles in the mop sink drain area. Flooring must be designed, constructed, and installed to be smooth and easily cleanable. Please add grout.  |   |                   |

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Mark Fischbeck* Mark Fischbeck Date: December 22, 2016

|                             |           |                             |               |   |                             |
|-----------------------------|-----------|-----------------------------|---------------|---|-----------------------------|
| Inspector: <i>Rose Mier</i> | Rose Mier | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------|-----------|-----------------------------|---------------|---|-----------------------------|



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**FOOD ESTABLISHMENT INSPECTION REPORT**

PAGE 3 of 3

| ESTABLISHMENT NAME<br>Huddle House                |   | ADDRESS<br>305 East Karsch Boulevard |  | CITY / ZIP<br>Farmington 63640 |  |                               |
|---|---|--------------------------------------|--|--------------------------------|--|-------------------------------|
| FOOD PRODUCT/LOCATION                             |   | TEMP. in ° F                         | FOOD PRODUCT/ LOCATION                           |                                | TEMP. in ° F   |                               |
| Ambient, Delfield freezer                         |   | 18                                   | Delfield refrigerator: ambient, raw shell egg    |                                | 38, 39   |                               |
| Ambient, ice cream freezer                        |   | 20                                   | Delfield dessert cooler: ambient, chocolate milk |                                | 36, 38   |                               |
| Delfield cooler: ambient, ham                     |   | 38, 31                               | Walk-in cooler: ambient, cooked potato           |                                | 38, 39   |                               |
| Walk-in freezer, ambient                          |   | 18                                   |  |                                |  |                               |
|   |   |                                      |  |                                |  |                               |
| Code Reference                                    | PRIORITY ITEMS<br><small>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.</small>  |                                      |  |                                | Correct by (date)  | Initial                       |
| 4-202.11A   | Cutting boards in the cook line were observed with rough edges. Multi-use food contact surfaces must be smooth, free of breaks, open seams, cracks, chips and similar imperfections. Please replace. CORRECTED ON SITE by replacing with new boards.  |                                      |  |                                | COS  |                               |
| 4-601.11A   | WAREWASH AREA<br>Tongs were observed soiled, stored hanging above the 3-vat sink. Food contact surfaces shall be clean to sight and touch. Please inspect equipment after cleaning and before storing. CORRECTED ON SITE by placing tongs in 3-vat for cleaning.  |                                      |  |                                | COS  |                               |
| 4-601.11A   | Mold was observed on the white deflector of the ice maker. Please discard ice, wash, rinse, sanitize, and air dry inside of unit (top and bottom) before returning to service.  |                                      |  |                                | 12/23/16   | <i>MF</i>                     |
| Code Reference                                    | CORE ITEMS<br><small>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.</small>   |                                      |  |                                | Correct by (date)  | Initial                       |
| 6-501.11  | WAREWASH/STORAGE AREA<br>A hole was observed in the wall by the water softener. Physical facilities must be maintained in good repair. Please have hole repaired and wall sealed to allow effective cleaning.   |                                      |  |                                | 12/30/16   |                               |
| 4-901.11A   | Dishes were wet nested, stored above the 3-vat sink. Equipment and utensils shall be air dried before storing. Please allow complete air drying before storing nested.  |                                      |  |                                |  |                               |
| 5-205.15B   | The hot water faucet would not turn off. Plumbing shall be maintained in good repair. Please repair.  |                                      |  |                                |  |                               |
| 4-202.16  | A hole was observed in the plastic trim around the ice maker bin opening. Non food contact surfaces must be maintained free of unnecessary ledges, crevices, etc.   |                                      |  |                                |  |                               |
| 3-305.11A   | Bag-in-boxes and other equipment stored on the rack next to the handwashing sink were exposed to splash when washing hands. Food and equipment must be protected from contamination while in storage. Please increase horizontal distance between sink and end of shelf, or install a solid barrier on the end of the shelving to protect food and equipment from possible contamination. |                                      |  |                                |  |                               |
| 4-903.11A   |   |                                      |  |                                |  |                               |
| 5-501.115   | Accumulation of trash observed inside the enclosure for the outside trash dumpster/grease container. Outside trash enclosures shall be kept free of litter. Please clean enclosure of leaves and trash.   |                                      |  |                                |  |                               |
| EDUCATION PROVIDED OR COMMENTS                    |   |                                      |  |                                |  |                               |
|   |   |                                      |  |                                |  |                               |
| Person in Charge /Title:<br><i>Mark Fischbeck</i> |   |                                      | Mark Fischbeck                                   |                                | Date: December 22, 2016  |                               |
| Inspector:<br><i>Rose Mier</i>                    | Rose Mier   |                                      | Telephone No.<br>(573)-431-1947                  | EPHS No.<br>1390               | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up Date: Dec. 30, 2015 |