



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

TIME IN	12:11 pm	TIME OUT	3:15 pm
DATE	11/23/2016	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: Huddle House		OWNER: Ratliff Inc.	PERSON IN CHARGE: Keith Ratliff/Mark Fischbeck	
ADDRESS: 305 E. Karsch Blvd., Farmington, MO 63640		ESTABLISHMENT NUMBER: 4538	COUNTY: St. Francois (187)	
CITY/ZIP: Farmington, MO 63640		PHONE: 573-760-9213	FAX: 573-701-9198	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 checked="" type="checkbox"/> Pre-opening <input 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 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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<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		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No discharge from eyes, nose and mouth			<input 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)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input 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				Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> OUT <input type="checkbox"/> N/A	Food separated and protected		<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" 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 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 checked="" type="checkbox"/>	<input 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				<input checked="" type="checkbox"/>	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 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		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Keith Ratliff/Mark Fischbeck</i>		Keith Ratliff/Mark Fischbeck		Date: November 23, 2016	
Inspector: <i>Jon Peacock</i>		Telephone No. (573)431-1947	EPHS No. 880	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Follow-up Date:	



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ESTABLISHMENT NAME Huddle House		ADDRESS 305 E. Karsch Blvd.,	CITY /ZIP Farmington, MO 63640	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F	
Small milk shake freezer/Ambient	10	Delfield refrigerator/Prep. Line/Ambient	40	
Delfield freezer/Ambient	0	Delfield glass-front refrigerator/Ambient	40	
Walk-in cooler/Ambient	40	Walk-in freezer/Ambient	20	
Western mix/refrigerated unit	31	Shredded cheese/diced ham in refrigerator	33/32	
Am. cheese/hash browns/fridge	30/34	Refrigerated drawer by cook area/	40	

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
7-202.12A	An aerosol canister of Raid Flying Insect Killer and Black Flag Flying Insect Killer was observed on a storage shelf near the culinary sink. Only those poisonous or toxic materials that are labeled for use in a food establishment may be used or stored on the premises. (To be removed from the premises this day.)	11-23-16	<i>MF</i>
3-302.11A	A box of ham pieces was observed stored below boxes of raw fish and raw shrimp in the walk-in freezer. Ready-to-eat (RTE) foods must be stored away/above raw meats. (Corrected on-site by relocating RTE foods above raw animal foods).	COS	
4-202.11A	Metal strainer with observed wiring deteriorating and with a small hole opening. Multi-use food contact surfaces must be smooth, free of breaks, open seams, cracks, chips or similar imperfections. (Corrected on-site by voluntary discarding)	COS	
4-202.11A	Metal coated shelving in the Delfield refrigerators with observed rusting conditions. Food-contact surfaces of equipment must be maintained in good repair.	Routine inspection	
4-202.11A	Cutting boards with observed rough edges at the cook line area. Multi-use food-contact surfaces must be smooth, free of breaks, open seams, cracks, chips and similar imperfections. Please replace prior to opening.		

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
3-305.11A	Ice buildup observed on boxes of french fries in the walk-in freezer. Foods must be protected from contamination by storing food in a clean, dry location and where it is not exposed to splash, dust, or other contamination.	Routine Inspection	<i>MF</i>
6-202.15A	Peep hole glass missing from rear exterior entry door. Also, small amount of daylight observed at base of the rear exterior entry door. Exterior openings must be protected against the entry of insects and rodents.		
6-201.11	Ceramic tiles observed with missing grouting between them in the service sink in the kitchen. Flooring must be designed, constructed and installed to be smooth and easily cleanable.		
4-202.16	Plastic trim with observed hole in the trim around the ice machine bin opening. Non-food contact surfaces must be maintained free of unnecessary ledges, crevices, etc.		
4-501.11B	Handle broken on the microwave oven. Equipment must be maintained according to the manufacturers' specifications.		
3-305.11A /4-903.11 A	Bag in the boxes, plastic containers and plastic pitcher observed stored on shelving adjacent to the kitchen handwashing sink. Food and equipment must be protected from contamination by storing in a clean, dry location. Please increase the horizontal distance between the handwashing sink or install a solid barrier on the end of the shelving to protect the food and equipment from possible contamination.		
4-302.14	No chlorine test strips observed. Please obtain chlorine test strips for monitoring dish machine.		

EDUCATION PROVIDED OR COMMENTS

Note: SSDC dish machine noted with a 50-100 ppm chlorine residual.
 APPROVED FOR OPENING!!!

Person in Charge / Title <i>Mark Fischbeck</i>	Keith Ratliff/Mark Fischbeck	Date: November 23, 2016
Inspector <i>Jon Peacock</i>	Telephone No. (573)431-1947	EPHS No. 880
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:	



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ESTABLISHMENT NAME Huddle House	ADDRESS 305 E. Karsch Blvd.,	CITY /ZIP Farmington, MO 63640
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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
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Note:	This establishment plans to open on November 28, 2016.		
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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
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4-501.11B	Door seal torn in Delfield refrigerator at preparation line. Equipment components must be kept intact, tight and adjusted according to the manufacturers' specifications.	Routine inspection	<i>MF</i>
6-501.11	Hole observed in wall by water softener. Physical facilities must be maintained in good repair.		

EDUCATION PROVIDED OR COMMENTS			

Person in Charge /Title: <i>Mark Fischbeck</i>	Keith Ratliff/Mark Fischbeck	Date: November 23, 2016
Inspector: <i>Jon Peacock</i>	Jon Peacock	Telephone No. / EPHS No. (573)-431-1947 / 880
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: