



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

| | | | |
|---------|-----------------|----------|---------|
| TIME IN | 11:37 am | TIME OUT | 3:12 pm |
| DATE | August 19, 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: The Salted Duck | OWNER: Matthew Grisham | PERSON IN CHARGE: Matthew Grisham |
| ADDRESS: 200 West First Street, Suite 152 | ESTABLISHMENT NUMBER: 4755 | COUNTY: 187 |
| CITY/ZIP: Farmington 63640 | PHONE: (573)664-1030 | FAX: none |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | 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 | | |
| 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"/> 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 type="checkbox"/> IN <input checked="" type="checkbox"/> T | Management awareness; policy present | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> T 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"/> T 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 checked="" type="checkbox"/> T N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O | Hands clean and properly washed | | | <input checked="" type="checkbox"/> OUT 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"/> T | Adequate handwashing facilities supplied & accessible | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemical | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T | Food obtained from approved source | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/A | Food additives: approved and properly used | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> C N/A | Food received at proper temperature | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> T N/O <input checked="" type="checkbox"/> A | Required records available: shellstock tags, parasite destruction | | | <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/A | Food separated and protected | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> T N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

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 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 checked="" type="checkbox"/> | Gloves used properly | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| <input type="checkbox"/> | <input checked="" 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 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 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 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | |
|---|-----------------|--|
| Person in Charge /Title: <i>Matthew Grisham</i> | Matthew Grisham | Date: August 19, 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: August 25, 2016 |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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| ESTABLISHMENT NAME The Salted Duck | | ADDRESS 200 West First Street, Suite 152 | CITY /ZIP Farmington 63640 |
| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
| Ambient, Kitchen Aide freezer | 20 | Prep cooler, top: cut tomatoes, cut lettuce | 48 to 50, 55 |
| Ambient, Frigidaire freezer | 20 | Hot hold steam table: gravy, beef au jus | 152, 168 |
| Grill: fish, chicken, hamburger, steak | 208,172,169,201 | Prep cooler, bottom, ambient | 59 |
| Ambient, walk-in cooler | 41 | Ambient, GE chest freezers | 10, 10 |
| Duck, Kitchen Aid refrigerator | 41 | | |

| 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 | The cutting board on the prep table was badly grooved and stained. Please resurface or replace cutting board to allow effective cleaning and sanitizing. | 8/25/16 | |
| 3-501.16A | The bottom of the prep cooler had an ambient temperature of 59F. Potentially hazardous food was stored in this unit. Steaks had an internal temperature of 55F. According to cook, these foods were removed from the walk-in cooler and placed in the prep cooler at approximately 10 am this morning. All potentially hazardous foods were placed back in the walk-in cooler. The potentially hazardous foods held in the top of the cooler (cut tomatoes, cut lettuce) were placed on Time as Control until the unit is repaired. Do not use this cooler until it reliably holds food at 41F or lower. | 8/22/16 | |
| 4-601.11A | Debris observed inside of pots, stored on shelf next to onions in the kitchen. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize all surfaces of food-contact equipment after use. | 8/19/16 | |
| 3-501.17A | Food was not labeled with disposition date (cooked chicken, cooked duck, cooked noodles). Food that is potentially hazardous, fully-cooked, and held for more than 24 hours shall be labeled with the date of disposition, which is the day of preparation (or opening of commercial container), plus an additional six days (seven days total). Please label. | 8/19/16 | |
| 7-202.11A | A bottle of bleach cleaner was stored on top of the Frigidaire freezer. The manufacturer's label stated the cleaner was for use in industry, not for use in food establishments. Chemicals shall be used according to manufacturer's directions, and approved for use in food establishments. Please dispose. COS by disposing | COS | |
| 3-304.15A | Gloves were not changed between working with raw meat and ready-to-eat foods. Gloves shall be changed when working with different types of food. Please ensure all employees know proper glove use. | 8/19/16 | |

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| 4-904.11B | Utensils in holders at two locations in the kitchen were stored with their handles down, exposing the food-contact surfaces to hands when retrieving. Please store with handles up to protect utensils from contamination from hands. | 8/25/16 | |
| 4-601.11C | All equipment in the kitchen was dirty, including the splash shield, ovens, inside and outside of coolers and freezers. Please clean all equipment in the kitchen. | | |
| 3-307.11 | An lidded employee drink was stored on the work table in the kitchen. Employee drinks shall be stored where food, equipment, clean linens, and single-use items cannot be contaminated. Please store employee drinks only in designated areas where these items are protected. | | |
| 4-601.11C | Foil was used to line the shelves in the kitchen. Please remove foil. If needed, refinish shelves to make equipment smooth and cleanable. | | |
| 4-601.11C | Outside surfaces and lids of food containers inside the Kitchen Aid refrigerator were dirty. Please wash, rinse, and sanitize containers as often as needed to keep food containers clean. | | |
| 4-903.11A | Clean plates and bowls, stored on shelf in "hallway," were stored face-up. Equipment shall be stored to prevent contamination. Please store inverted, invert top dish, or cover while in storage. | | |
| 6-403.11A | A bottle of employee "Tweaker" was stored on top of the Kitchen Aid refrigerator. Employee personal items shall be stored in a designated location where food, equipment, linens, and single-use items cannot be contaminated. Please designate a location for employee items. | | |
| 5-205.11A | The handwashing sink in the kitchen was blocked with a large trash can. Please keep sink accessible. | | |
| 4-204.112A | Thermometers were not found in several coolers. Please provide accurate thermometers in all cold holding units. | | |

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Matthew Grisham Date: August 19, 2016

Inspector: Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up: Yes No Follow-up Date: August 25, 2016



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| ESTABLISHMENT NAME The Salted Duck | | ADDRESS 200 West First Street, Suite 152 | | CITY / ZIP Farmington 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| | | | Holiday chest freezer, bar | | 2 |
| | | | Beer chest freezer, bar | | 40 |
| | | | Glass front cooler, bar | | 30 |

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| 4-601.11A | A tub of utensils, stored below the cooking equipment, was dirty. Please protect clean equipment while in storage. Clean tub, wash, rinse and sanitize utensils, and store where it is protected from food splatter. | 8/19/16 ↓ | mg |
| 3-201.11 | Farm eggs were stored in the coolers (1 dozen in the Kitchen Aid refrigerator and 2 dozen in the walk-in cooler). Food shall be from approved source. Please remove eggs from facility. | | |
| 3-302.112A | The same pair of tongs were used to move chicken and steaks at the grill. Please use separate utensils for different types of meat to prevent cross-contamination. | | |
| 4-601.11A | Debris observed on the meat slicer in the "hallway." Please disassemble, wash, rinse, and sanitize after use and before storing. | | |
| 4-601.11A | Debris observed on the inside and outside of the crock pot, stored on shelf in "hallway." Please wash, rinse, and sanitize after use and before storing. | | |
| 4-601.11A | A thick layer of clumped breadings was observed in the breader. Please wash, rinse, sanitizer breader after use, or a every four hours if in continual use. | | |
| 3-302.11A | Raw catfish was stored above produce in the GE chest freezer. Please store raw meats separately or below all other foods. | | |
| WAREWASH ROOM | | | |
| 4-601.11A | Mold observed on the deflector of the ice maker. Please remove all ice, wash, rinse, sanitize and air dry before returning to service. | 8/20/16 | |
| 4-702.11 | There was no sanitizer in the sanitizing cycle of the warewash machine. It was observed that the container of sanitizer was empty. COS after changing to new container and priming machine. | COS | |

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| 3-305.11A | A box of chicken was stored on the floor in the walk-in cooler. Food shall be stored at least six inches off the floor. Please move food off floor. | 8/25/16 ↓ | mg |
| 6-501.12A | Accumulation of debris observed on the kitchen floor under and around equipment. Please thoroughly clean floors as often as needed to keep clean. | | |
| WAREWASHING ROOM | | | |
| 6-501.12A | Wall was dirty behind the tea maker. Please clean walls as often as needed to keep clean. | | |
| 4-501.14 | The mechanical dishwasher was dirty on all surfaces (inside and outside), and the debris catcher was full of decaying material. Please clean all surfaces of dishwasher at least daily, and clean catch pan frequently. | | |
| 4-601.11C | The shelves holding chemicals was dirty. Please clean as often as needed to keep clean. | | |
| 4-501.14 | Accumulation of debris around the sink and the sprayer head. Please clean sink area and spring and shower head daily. | | |
| 4-601.11C | A bad odor was observed in the room. It is possible it came from the grease trap and/or the debris catch pan on the dishwasher. Please clean out grease trap | | |
| BAR (MAIN DINING ROOM) | | | |
| 4-601.11C | Debris observed inside the most cabinets. Please clean cabinets as often as needed to keep clean. | | |
| 4-601.11C | Debris observed on the door glide ledges of the chest beer coolers. Please clean as often as needed to keep clean. | | |
| 5-501.116 | The outside surfaces of the trash can was dirty. Please clean inside and outside when trash is empty. | | |
| 6-501.12A | Debris observed on the floor under equipment. Please clean floor as often as needed to keep clean. | | |
| 6-202.11A | Endcaps were missing on the shields of the ceiling bulbs in the room with the soda dispenser/ice maker. | | |

EDUCATION PROVIDED OR COMMENTS

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| Person in Charge / Title: | Matthew Grisham | Date: August 19, 2016 |
| Inspector: | Rose Mier | Telephone No. (573)-431-1947 |
| | EPHS No. 1390 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | | | |
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| 2-301.12B | A cloth towel was used for hand drying and for wiping hands after touching raw meats. Single-use towels shall be used for hand drying. Please use only disposable towels to dry hands. | 8/19/16 | |
| 2-202.11A | An employee health policy was not available. Please develop an illness policy based on Chapter 2 of the Missouri Food Code and/or the FDA Employee Health and Hygiene Handbook. | 8/25/16 | |
| BAR, MAIN DINING ROOM | | | |
| 7-102.11 | A spray bottle containing purple liquid, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label spray bottle. | 8/19/16 | |
| 4-601.11A | Lipstick observed on a glass. Please inspect dishes after cleaning and sanitizing. | 8/19/16 | |

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| BAR (MAIN DINING ROOM), CONTINUED | | | |
| 4-601.11C | Water was pooled in the keg coolers, and the water was murky with mold or debris. Please keep bottom of coolers clean and dry. | 8/25/16 | |
| 3-304.12B | The handle of the scoop, stored in the ice bin, was in contact with the ice. Please store handle above the surface of the ice or on a clean and sanitized surface. | | |
| 6-501.12A | Debris observed on the floor in the bar with the stage. Please clean floor as often as needed to keep clean, especially under and around equipment. | | |
| BATHROOMS | | | |
| 6-501.18 | The sinks were dirty in the men's bathroom. Please clean sinks as often as needed to keep clean. | | |
| 6-501.12A | The door around the handle area in the men's bathroom was dirty. Please clean. | | |
| 6-501.11 | Stained ceiling tile in the men's bathroom. Please ensure there are no leaks, then either paint or replace the tile. | | |
| 6-501.18 | The sinks were dirty in the women's bathroom. Please clean. | | |
| 5-501.116 | The trash can was dirty in the women's bathroom. Please clean all surfaces when emptied. | | |
| 4-301.12 | There is not a 3-vat sink on-site that is large enough to handle equipment if the mechanical dish machine does not sanitize. A work order for closure will be initiated if the machine is found to not be sanitizing when there is no 3-vat sink available for sanitizing. | | |
| 3-305.11A | Dirty dishes were stored on the lid of the ice bin in the warewash room. Clean equipment and food shall be protected from contamination. Please store dirty dishes separated from food. | | |

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Person in Charge /Title: Matthew Grisham Date: August 19, 2016

Inspector: Rose Mier Telephone No. (573)431-1947 EPHS No. 1390 Follow-up: Yes No Follow-up Date: August 25, 2016