



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

TIME IN	9:58 am	TIME OUT	11:53 am
DATE	Dec. 6, 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: White Castle		OWNER: White Castle, Inc.		PERSON IN CHARGE: Jennifer Wideman	
ADDRESS: 680 West Karsch Boulevard			ESTABLISHMENT NUMBER: 4429		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: (573)747-1094		FAX: (573)535-6456	
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-13908, exp. 7/31/17		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			IN OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN 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			IN OUT N/O 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			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN 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 checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" 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		
IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT 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 checked="" type="checkbox"/> OUT N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> 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 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 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					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 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 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 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 type="checkbox"/>	<input checked="" 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>Jennifer Wideman</i> Jennifer Wideman		Date: December 6, 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: Dec. 8, 2016



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

ESTABLISHMENT NAME White Castle		ADDRESS 680 West Karsch Boulevard		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Meat freezer, serving line, ambient		22	Cooler, serving line: ambient, cheese		48, 48
Inside fryer freezer, ambient		24	Breakfast cooler: ambient, sausage		32, 38
Drive through cooler, ambient		28	Meat freezer, breakfast grill area, ambient		24
Hamburgers, hot hold on grill		184 to 198	Soft serve mix, hoppers: vanilla, chocolate		34, 30
Gravy, hot hold, steam crock		182	Cooler under microwave, ambient		32

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	Debris observed on the inside of the heating hood over the fries hot hold unit. This is considered food contact because debris can fall onto the food. Please clean top of unit.	12/7/16	JW
3-501.16A	The ambient temperature of the cooler holding cheese, and the cheese held within this unit, had temperatures of 48F. Food shall be held at 41F or lower. According to manager, the cheese was placed in the cooler this morning. Please transfer the cheese to another cooler and do not use this cooler for potentially hazardous food until it reliably holds at 41F or lower. NOTE: the cheese was placed in another cooler during this visit.	12/8/16	
4-601.11A	Dried food debris observed inside the Panasonic microwave. Please wash, rinse, sanitize, and air dry the inside of the microwave after use, or a minimum of every four hours.	12/6/16	
4-601.11A	Debris observed on the high chairs in the dining room. High chairs are considered food-contact surfaces. Please wash, rinse, sanitize, and air dry after each use.	12/6/16	

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
5-501.116 B	Accumulation of debris observed on the outsides of the trash cans by the deep fryers. Trash cans shall be cleaned at a frequency to prevent attraction of pests. Please clean all surfaces of trash receptacles when emptied.	12/8/16	
4-601.11C	Accumulation of debris observed in the creases on the top seals of the inside fryer freezer doors. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean door seals as often as needed to keep clean.	12/8/16	
6-501.12A	Accumulation of debris in the corner by the floor drain under the grill. Physical facilities shall be cleaned at a frequency to prevent debris accumulation. Please clean.	12/8/16	
4-204.112 A	Thermometers were not found in the cheese cooler (serving line) or in the fryer freezers. Thermometers shall be installed in convenient-to-read locations in cold hold units. Please install accurate thermometers in all cold hold units that lack a thermometer.	12/8/16	
4-601.11A	Accumulation of debris observed inside the cheese cooler in the serving line, especially in the condenser area and top. Please clean as often as needed to keep clean.	12/8/16	
4-601.11A	Mold was observed on the condenser and area around the condenser in the breakfast cooler (holding sausage and eggs). Please wash, rinse, sanitize, and air dry the inside of this unit to reduce mold growth.	12/8/16	
5-501.116 B	The outside surfaces of the trash can in the breakfast cooking area were dirty. Please clean all surfaces of trash can when emptied.	12/8/16	

EDUCATION PROVIDED OR COMMENTS

A written employee illness reporting policy was provided during this visit. Each employee signs their compliance with the policy.

Person in Charge / Title: <i>Jennifer Wideman</i> Jennifer Wideman		Date: December 6, 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: Dec. 8, 2016



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

ESTABLISHMENT NAME White Castle	ADDRESS 680 West Karsch Boulevard	CITY / ZIP Farmington 63640
------------------------------------	--------------------------------------	--------------------------------

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Walk-in freezer, ambient	10
		Walk-in cooler, ambient	32
		Hamburger, grill	208

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

--	--	--	--

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

6-501.12A	Mold and debris were observed on the wall and pipes behind the ice maker. Please clean and sanitize to reduce mold growth.	12/8/16	<i>[Handwritten signature]</i>
3-305.11A	Water was dripping onto the plastic packaging of food inside opened boxes, and ice chunks were on the floor, in the walk-in freezer. Food shall be protected from contamination from splash and drippage. Please do not store food under the area where ice and water drip. Repair the unit to prevent the water and ice from dripping.	12/8/16	
5-501.114	The outside trash dumpster did not have a plug in the drain. Plugs shall be installed in the drains of outside trash receptacles. Please have the trash company install a plug.	12/8/16	
5-501.113	The lid (side door) was open on the outside trash dumpster. Lids shall be tight fitting and kept closed on outside trash receptacles. Please ensure employees close doors after use.	12/8/16	
5-501.115	Trash was observed in the enclosure of the outside trash dumpster. Enclosures shall be kept free of litter to reduce pest attraction and harborage. Please clean enclosure.	12/8/16	

EDUCATION PROVIDED OR COMMENTS			

Person in Charge / Title: <i>[Signature]</i>	Jennifer Wideman	Date: December 6, 2016
Inspector: <i>[Signature]</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: Dec. 8, 2016