



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

TIME IN	12:39 pm	TIME OUT	2:41 pm
DATE	Sept. 13, 2017	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: J. B. Contracting, Inc.	PERSON IN CHARGE: Lisa Meredith
ADDRESS: 8 Chat Road	ESTABLISHMENT NUMBER: 4598	COUNTY: St. Francois
CITY/ZIP: Leadington 63601	PHONE: (573)431-7000	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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> OUT <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <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"/> IN <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"/> 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"/> 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"/> IN <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"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 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 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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Lisa Meredith</i> Lisa Meredith	Date: September 13, 2017			
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: Sept. 26, 2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Huddle House		ADDRESS 8 Chat Road	CITY / ZIP Leadington 63601
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Ice cream freezer, ambient/cook line		5	Delfield cooler/cook line: ambient, lettuce, milk
Delfield cooler: ambient, shell egg		36, 36	Refrigerated drawers, ambient
Delfield freezer: ambient		8	Refrigerated drawers: sausage, beef steak, sausage
Hamburger, grill		163	Cold hold prep table: ham, cut tomatoes, potatoes
Grits, hot hold		148	Gravy, hot hold steamer

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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	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.		
NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Cooler, under counter: ambient 40, waffle batter 41, green beans 40 Walk-in cooler: ambient 37, cut tomatoes 41, gravy 37, beef steak 37 Walk-in freezer: ambient 13		
3-302.11A	Raw hamburger was stored above has browns in the Delfield cooler in the cook line. Raw animal-derived foods shall be stored below all other foods. CORRECTED ON SITE by placing hamburger below potatoes.	COS	
4-702.11	The sanitizer cycle of the mechanical dish machine did not reach the correct temperature (180F rinse, 160F at the dish surface). Please do not use this machine for sanitizing until it reliably reaches the correct sanitizing temperature and approved by this office. Please use heat sensitive labels to check the machine daily.	9/15/17	
4-601.11A	Black debris, possibly mold, observed on the inside of the ice maker. Food contact surfaces shall be clean to sight and touch. Please discard ice, wash, rinse, sanitize, and air dry entire inside of machine before returning to service.	9/14/17	
4-601.11A	Debris observed on the ice scoop, stored on the wall holder near the ice maker. Please wash, rinse, and sanitize all surfaces of ice scoop at least daily.	9/13/17	
3-302.11A	Raw shrimp was stored above fully cooked ham in the walk-in freezer. Please store food in the following vertical order: raw poultry and eggs on bottom, then ground meats (including tenderized and sausage), then whole muscle meats, then fish and seafood. All other food is stored above raw animal-derived foods. Please store shrimp below ham.	9/13/17	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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	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.		
4-901.11A	Dishes stored on the shelf above the cook line were observed wet-nested. Equipment and utensils shall be completely air dried before storing nested. Please unstack wet bowls, plates and glasses and allow to air-dry. NOTE: this violation was noted on the previous routine inspection and was to be corrected.	9/13/17	
5-501.116	Debris observed on the outside of the white trash cans, located in the service line. Trash cans shall be clean. Please clean all surfaces of trash can when emptied.	9/15/17	
4-601.11C	Mold and debris observed on the seal and inside of some of the refrigerated drawers, located below the cold hold prep table. Please clean and sanitize seals and insides of drawers.	9/14/17	
6-202.11A	The bulb in the ceiling fixture in the walk-in freezer was not shielded. Bulbs shall be shatter-resistant or shielded. Please install a shatter resistant bulb or a shield over the bulb.	9/26/17	
6-501.12A	Accumulation of debris observed on the floor of the walk-in freezer. Facility shall be clean. Please clean entire floor as often as needed to keep clean.	9/26/17	
6-501.18	The handwashing sink in the back room was dirty. Handwashing sinks shall be kept clean. Please clean all surfaces of sink as often as needed to keep clean.	9/13/17	
4-501.14A	The handle/nozzle on the sprayer at the 3-vat sink was dirty. Warewashing equipment shall be cleaned at least daily. Please clean the sprayer head as often as needed to keep clean.	9/14/17	
6-501.14A	The portable floor fans, stored in the back room, were dirty. Ventilation systems shall not be a source of contamination. Please clean all surfaces of floor fans (grates, housing, blades).	9/26/17	
4-501.11B	The hinge on the walk-in freezer door was broken. Equipment shall be maintained in good repair. NOTE: the hinge is on order.	9/26/17	
5-501.113	The lid on the outside trash receptacle was open. Please keep lids closed to reduce pest attraction. COS	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title <i>Lisa Meredith</i>	Lisa Meredith	Date: September 13, 2017
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: Sept. 26, 2017



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ESTABLISHMENT NAME Huddle House	ADDRESS 8 Chat Road	CITY / ZIP Leadington 63601
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

4-501.11A	Water was puddling in the bottom of the under-counter cooler on the west side of the cook line. Equipment shall be maintained in good repair. Please determine source of water and repair. Please keep inside of cooler dry to reduce mold and bacterial growth. NOTE: this violation was noted on the last routine inspection on December 9, 2016 and was to be corrected before this routine inspection.	9/26/17	<i>LM</i>
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EDUCATION PROVIDED OR COMMENTS

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