



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

|         |         |          |         |
|---------|---------|----------|---------|
| TIME IN | 8:26am  | TIME OUT | 11:55am |
| DATE    | 7-11-18 | PAGE     | 1 of 5  |

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:<br>HuddleHouse   |  | OWNER:<br>Jamie and Jayne Bess   | PERSON IN CHARGE:<br>Jackie Rehtin   |   |  |
| ADDRESS:<br>10 North Wood Road   |  | ESTABLISHMENT NUMBER:<br>4477  | COUNTY:<br>187   |   |  |
| CITY/ZIP:<br>Bonne Terre, 63628  |  | PHONE:<br>573-358-5882   | FAX:<br>na   | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |  |
| ESTABLISHMENT TYPE<br><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<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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<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 N/O N/A  | Proper cooking, time and temperature   |     |                                     |
|  | <b>Employee Health</b>  |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A | Proper reheating procedures for hot holding  |     |                                     |
| <input checked="" type="checkbox"/> OUT  | Management awareness; policy present  |                                     |   | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A                          | Proper cooling time and temperatures   |     | <input checked="" type="checkbox"/> |
| <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  |     |                                     |
|  | <b>Good Hygienic Practices</b>  |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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"/> OUT 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 type="checkbox"/> OUT N/O <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records)   |     |                                     |
|  | <b>Preventing Contamination by Hands</b>  |                                     |   |  | <b>Consumer Advisory</b>   |     |                                     |
| <input checked="" type="checkbox"/> OUT N/O  | Hands clean and properly washed   |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A     | Consumer advisory provided for raw or undercooked food   |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O                              | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | <input checked="" type="checkbox"/> |   |  | <b>Highly Susceptible Populations</b>  |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                  | Adequate handwashing facilities supplied & accessible                                       |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT N/O <input checked="" type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered   |     |                                     |
|  | <b>Approved Source</b>  |                                     |   |  | <b>Chemical</b>  |     |                                     |
| <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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT                                  | Food in good condition, safe and unadulterated  | <input checked="" type="checkbox"/> |   |  | <b>Conformance with Approved Procedures</b>  |     |                                     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT 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  |     |                                     |
|  | <b>Protection from Contamination</b>  |                                     |   |  |  |     |                                     |
| <input checked="" type="checkbox"/> OUT N/A  | Food separated and protected  |                                     |   |  | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance    OUT = not in compliance<br>N/A = not applicable    N/O = not observed<br>COS=Corrected On Site    R=Repeat Item |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A                              | Food-contact surfaces cleaned & sanitized   | <input checked="" type="checkbox"/> |   |  |  |     |                                     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 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                       |                                     |   |
|                                     |                          | <b>Food Temperature Control</b>   |     |   |                                     | <input checked="" 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   |     |   |                                     |                                     | <b>Utensils, Equipment and Vending</b>  |                                     |   |
| <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 |                                     |   |
|                                     |                          | <b>Food Identification</b>  |     |   |                                     | <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"/> | Nonfood-contact surfaces clean  |                                     |   |
|                                     |                          | <b>Prevention of Food Contamination</b>   |     |   |                                     |                                     | <b>Physical Facilities</b>  |                                     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present   |     |   |                                     | <input checked="" 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 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: | Jackie Rehtin | Date:           | July 11, 2018   |
| Inspector:               | John Wiseman  | Telephone No.:  | (573)431-1947   |
|                          |               | EPHS No.:       | 1507  |
|                          |               | Follow-up:      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                          |               | Follow-up Date: | 7-24-18   |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**FOOD ESTABLISHMENT INSPECTION REPORT**

|                                   |  |                               |                                 |                                 |              |
|-----------------------------------|--|-------------------------------|---------------------------------|---------------------------------|--------------|
| ESTABLISHMENT NAME<br>HuddleHouse |  | ADDRESS<br>10 North Wood Road |                                 | CITY /ZIP<br>Bonne Terre, 63628 |              |
| FOOD PRODUCT/LOCATION             |  | TEMP. in ° F                  | FOOD PRODUCT/ LOCATION          |                                 | TEMP. in ° F |
| Cook's cooler amb, ham            |  | 32, 39                        | Hot hold: gravy, grits          |                                 | 180, 183     |
| Cold table, sld tomato,           |  | 38, 46                        | Omlette from grill              |                                 | 197          |
| pico, ham, raw burger in drawer   |  | 44, 42, 40                    | Cooling gravy                   |                                 | 118 adj 70   |
| Delfield freezer/cooler           |  | 0, 34                         | Walk-in cooler amb, cheese, ham |                                 | 34, 40, 33   |
| Ice cream freezer, waffle cooler  |  | 0, 32                         | Walk-in freezer                 |                                 | 18           |

| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b> | Correct by (date) | Initial |
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| 2-401.11    | An employee beverage was observed on the prep surface in the kitchen area. Employees may drink from a closed vessel is it is located and handled in a way that will not contaminate food, equipment, single service items and clean linens. COS by moving the beverage.  | COS     |  |
| 3-501.17A   | A discard date was not observed on an open package of ham stored in the cook's cooler. Potentially hazardous foods held refrigerated shall be marked with a discard date, not to exceed six days from the day of preparation or opening, by which time the food will be sold, consumed or discarded. Please mark all opened potentially hazardous foods with a discard date.   |         |  |
| 3-501.16B   | Sliced tomatoes, pico, and ham stored in the cold table were measured at 46F, 44F, and 42F respectively. Potentially hazardous foods held refrigerated shall be maintained at 41F. The lids appear to be propped open on this unit even when not in use. Please close the cold table lid when not in use.  | 7-11-18 |  |
| 3-301.11B   | A cook was observed touching cheese slices with their bare hands. Food employees may not contact ready to eat food with their bare hands. Please use utensils or single use gloves when handling ready to eat food. COS This issue was discussed with the manager.   | COS     |  |
| 4-501.114 C | The quaternary ammonia sanitizer in use in the kitchen was not at a detectable concentration. Quaternary ammonia sanitizers shall be prepared to the manufacturer's recommended concentration and be at 65F to 75F. Please change the sanitizer bucket water frequently and use cool water. Do not use hot water. Test strip are available for determining proper concentration. Please monitor sanitizer strength frequently. COS the sanitizer was replaced. | COS     |  |

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| 4-601.11C   | Minor food debris was observed inside and in the door seals of most of the coolers and freezers in the kitchen area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the interior and door seals of all cold holding units as often as necessary to keep them clean. | 7-24-18 |  |
| 4-601.11C   | Food debris was observed inside the bread drawers on the south side of the kitchen area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the drawer interiors as often as necessary.   |         |  |
| 5-501.116 B | Food debris was observed inside the trash compartment at the south end of the kitchen area. Waste handling units shall be cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming an attractant for pests. Please clean the trash compartment.   |         |  |
| 3-304.12C   | Food scoops were observed in a container of ambient temperature water near the cold table. During pauses in food preparation and dispensing, food utensils shall be stored on a cleaned and sanitized surface and replace at least every four hours. COS by placing the scoops in a clean, dry container.                                 | COS     |  |
| 4-601.11C   | Food debris was observed in the cold well of the cold table and on the underside of the table lids. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the interior of the cold table and the lid as often as necessary.  | 7-24-18 |  |

EDUCATION PROVIDED OR COMMENTS

|                         |              |  |                         |
|-------------------------|--------------|--|-------------------------|
| Person in Charge Title: |              | Jackie Rechten   | Date: July 11, 2018     |
| Inspector:              | John Wiseman | Telephone No. (573)431-1947  | EPHS No. 1507           |
|                         |              | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up Date: 7-24-18 |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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| ESTABLISHMENT NAME<br>HuddleHouse |  | ADDRESS<br>10 North Wood Road |                        | CITY /ZIP<br>Bonne Terre, 63628 |              |
| FOOD PRODUCT/LOCATION             |  | TEMP. in ° F                  | FOOD PRODUCT/ LOCATION |                                 | TEMP. in ° F |
|                                   |  |                               |                        |                                 |              |
|                                   |  |                               |                        |                                 |              |
|                                   |  |                               |                        |                                 |              |
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| 4-501.114<br>A | Chlorine was not detected in the rinse cycle of the mechanical dish washer in the back room. Chlorine sanitizers shall be in the concentration range of 50 - 100 ppm. The pump did not dispense sanitizer when the prime switch was toggled on. Until the dish washer has been repaired to proper function; wash, rinse and sanitize all equipment in the three compartment sink.  | 7-11-18 |  |
| 3-501.14A<br>B | Two containers of gravy were observed on a cart in the back room area. According to the manager, the gravy was prepared that morning and will be placed in the walk-in cooler for later service. The temperature of the gravy was 118F at 9:00am. According to the cook, the gravy was prepared at 7:30am. Potentially hazardous foods shall be cooled from 135F to 70F within two hours. Cooled food meeting this first benchmark must be cooled from 70F to 41F within an additional four hours. The containers of gravy were immediately placed in an ice water bath and stirred. COS The food temperature was reduced to 70F at a 9:15am. The containers were then placed in the walk-in cooler (34F). Please ensure that potentially hazardous food are adequately cooled to limit pathogen growth. | COS     |  |
| 3-701.11       | Two boxes of salt exhibiting water damage were observed in the dry storage area. According to the manager, a water leak occurred during a storm and dripped from the ceiling in the vicinity of the storage racks. Food that is adulterated shall be discarded. COS The salt was discarded. Inspection of remaining food in the storage room did not reveal additional adulteration or package integrity issues.   | COS     |  |

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| 4-501.11B | The door seals of the lower drawer of the cold table are broken. Equipment components such as door seals shall be kept intact and in good repair. Please replace the drawer seal.  | 7-24-18 |  |
| 4-601.11C | Food residue and debris was observed below grill equipment in the kitchen area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please thoroughly clean below the grill equipment.   |         |  |
| 6-501.12A | An accumulation of dirt and food debris was observed below most of the equipment in the kitchen area. Physical facilities shall be cleaned as often as necessary to keep clean. Please thoroughly clean and disinfect the floor below kitchen equipment.                           |         |  |
| 4-501.11B | The door seal on the top door of the Delfield freezer is broken. Equipment components such as door seals shall be kept intact and in good repair. Please replace the door seal.  |         |  |
| 4-501.11B | The door seal on the the Delfield cooler is broken. Equipment components such as door seals shall be kept intact and in good repair. Please replace the door seal.   |         |  |
| 4-601.11C | Food debris and splatters were observed in the under counter storage area on the north side of the kitchen area. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean this area as often as necessary.             |         |  |
| 6-301.12  | The hand wash sink in the back room was filled with supplies, five gallon buckets were placed in front of the sink and paper towels were not available. Hand wash sinks shall be properly provisioned and accessible at all times. Please provide paper towels and restore access. |         |  |
| 5-205.11A |  |         |  |
|           |  |         |  |

EDUCATION PROVIDED OR COMMENTS

|                              |              |                                 |                  |  |                         |
|------------------------------|--------------|---------------------------------|------------------|--|-------------------------|
| Person in Charge, Title:<br> |              | Jackie Rehtin                   |                  | Date: July 11, 2018  |                         |
| Inspector:<br>               | John Wiseman | Telephone No.<br>(573)-431-1947 | EPHS No.<br>1507 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up Date: 7-24-18 |



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|-----------------------------------|-------------------------------|---------------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
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|                       |              |                        |              |
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| 5-205.15B | Water to the prep sink in the back room has been turned off. A thin stream of water was observed constantly flowing from the faucet. According to the manager, the sink faucet is broken. A plumbing system shall be maintained in good repair. Please repair the sink faucet. | 7-24-18 |  |
| 4-903.11A | Cases of dinner napkins and single service containers were observed on the floor in the back room area. Single service items shall be protected from contamination by storing them at least six inches off of the floor. Please store these items off of the floor.            |         |  |
| 4-302.14  | Chlorine test strips were not available for determining adequate sanitation in the mechanical dish washer. Sanitizer test strips shall be provided to test sanitizer strength. Please provide chlorine test strips.  |         |  |
| 6-501.14A | An accumulation of dust was observed on AC ceiling vents in the front and back of the facility. Intake and exhaust ducts and vents shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. Please clean the ceiling vents.              |         |  |
| 4-901.11  | Metal pans were observed wet nested in clean storage in the back room area. After cleaning and sanitizing, food equipment shall be air dried. Please thoroughly dry food equipment before placing in storage.  |         |  |
| 6-501.12A | Dirt and debris was observed on the floor and floor molding in the back room area. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the floor and molding in the back room.   |         |  |

EDUCATION PROVIDED OR COMMENTS

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|------------------------------|---------------|---|
| Person in Charge / Title<br> | Jackie Rehtin | Date: July 11, 2018   |
| Inspector:<br>               | John Wiseman  | Telephone No. (573) 431-1947   EPHS No. 1507  |
|                              |               | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: 7-24-18 |



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| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
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| 4-501.11B | The door seal of the walk-in cooler is broken. Equipment components such as door seals shall be kept intact and in good repair. Please replace the door seal.  | 7-24-18 |  |
| 4-601.11C | Food debris and mold was observed on open wire shelving and on the walls in the walk-in cooler. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean and disinfect the shelving and walls in the walk-in cooler. |         |  |
| 6-501.12A | An accumulation of food debris was observed on the floor of the walk-in cooler, especially below shelving. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean and disinfect the floor in the walk-in cooler.                            |         |  |
| 5-501.113 | The facility dumpster lid was open. Outside waste handling units shall be kept covered to discourage access by rodents and vermin. Please keep the dumpster lids closed.   |         |  |

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| Person in Charge / Title:<br>  | Jackie Rehtin | Date:<br>July 11, 2018                      |
| Inspector:<br>   | John Wiseman  | Telephone No. (573)431-1947   EPHS No. 1507 |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |               | Follow-up Date: 7-24-18                     |