



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

|         |          |          |        |
|---------|----------|----------|--------|
| TIME IN | 1:25pm   | TIME OUT | 5:18pm |
| DATE    | 10-25-17 | 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:<br>The Farmer's Diner                                                                                                                                                              |  | OWNER:<br>Jamie Piatt                                                                          |                               | PERSON IN CHARGE:<br>Jamie Piatt                                                                                                                                                     |                |
| ADDRESS:<br>1600 Woodlawn                                                                                                                                                                              |  |                                                                                                | ESTABLISHMENT NUMBER:<br>1321 |                                                                                                                                                                                      | COUNTY:<br>187 |
| CITY/ZIP:<br>Farmington, 63640                                                                                                                                                                         |  | PHONE:<br>573-756-5769                                                                         |                               | FAX:<br>573-756-6843                                                                                                                                                                 |                |
| 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE |                               | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE<br>Date Sampled pending _____<br>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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----|---|----------------------------------------|--------------------------------------------------------|-----|---|
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | IN <input checked="" type="checkbox"/> | Proper cooking, time and temperature                   |     |   |
| Employee Health                                                                                                                                                                                                                          |                                                                                             |     |   |                                        |                                                        |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Management awareness; policy present                                                        |     |   | IN <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding            |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Proper use of reporting, restriction and exclusion                                          |     |   | IN <input checked="" type="checkbox"/> | Proper cooling time and temperatures                   |     |   |
| Good Hygienic Practices                                                                                                                                                                                                                  |                                                                                             |     |   |                                        |                                                        |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Proper eating, tasting, drinking or tobacco use                                             |     |   | IN <input checked="" type="checkbox"/> | Proper hot holding temperatures                        |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | No discharge from eyes, nose and mouth                                                      |     |   | IN <input checked="" type="checkbox"/> | Proper cold holding temperatures                       |     |   |
| Preventing Contamination by Hands                                                                                                                                                                                                        |                                                                                             |     |   |                                        |                                                        |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Hands clean and properly washed                                                             |     |   | IN <input checked="" type="checkbox"/> | Proper date marking and disposition                    |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | IN <input checked="" type="checkbox"/> | Time as a public health control (procedures / records) |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Adequate handwashing facilities supplied & accessible                                       |     |   | IN <input checked="" type="checkbox"/> | Consumer Advisory                                      |     |   |
| Approved Source                                                                                                                                                                                                                          |                                                                                             |     |   |                                        |                                                        |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Food obtained from approved source                                                          |     |   | IN <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked food |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Food received at proper temperature                                                         |     |   | IN <input checked="" type="checkbox"/> | Highly Susceptible Populations                         |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Food in good condition, safe and unadulterated                                              |     |   | IN <input checked="" type="checkbox"/> | Pasteurized foods used, prohibited foods not offered   |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Required records available: shellstock tags, parasite destruction                           |     |   | IN <input checked="" type="checkbox"/> | Chemical                                               |     |   |
| Protection from Contamination                                                                                                                                                                                                            |                                                                                             |     |   |                                        |                                                        |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Food separated and protected                                                                |     |   | IN <input checked="" type="checkbox"/> | Food additives: approved and properly used             |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Food-contact surfaces cleaned & sanitized                                                   |     |   | IN <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used  |     |   |
| IN <input checked="" type="checkbox"/>                                                                                                                                                                                                   | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | IN <input checked="" type="checkbox"/> | Conformance with Approved Procedures                   |     |   |
| 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 |                                                                                             |     |   |                                        |                                                        |     |   |

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 |
|----------------------------------------|------------------------------|---------------------------------------------------------------------------------------|-----|---|----------------------------------------|------------------------------|-----------------------------------------------------------------------|-----|---|
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Pasteurized eggs used where required                                                  |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | In-use utensils: properly stored                                      |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Water and ice from approved source                                                    |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled       |     |   |
| Food Temperature Control               |                              |                                                                                       |     |   |                                        |                              |                                                                       |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Adequate equipment for temperature control                                            |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Single-use/single-service articles: properly stored, used             |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Approved thawing methods used                                                         |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Gloves used properly                                                  |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Thermometers provided and accurate                                                    |     |   | Utensils, Equipment and Vending        |                              |                                                                       |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used |     |   |
| Food Identification                    |                              |                                                                                       |     |   |                                        |                              |                                                                       |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Food properly labeled; original container                                             |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Nonfood-contact surfaces clean                                        |     |   |
| Prevention of Food Contamination       |                              |                                                                                       |     |   |                                        |                              |                                                                       |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Insects, rodents, and animals not present                                             |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Hot and cold water available; adequate pressure                       |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Contamination prevented during food preparation, storage and display                  |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Plumbing installed; proper backflow devices                           |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry   |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Sewage and wastewater properly disposed                               |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Wiping cloths: properly used and stored                                               |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned            |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Fruits and vegetables washed before use                                               |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained               |     |   |
| IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> |                                                                                       |     |   | IN <input checked="" type="checkbox"/> | OUT <input type="checkbox"/> | Physical facilities installed, maintained, and clean                  |     |   |

|                                          |                                |                           |                                                                                                              |
|------------------------------------------|--------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------|
| Person in Charge / Title:<br>Jamie Piatt |                                | Date:<br>October 25, 2017 |                                                                                                              |
| Inspector:<br>John Wiseman               | Telephone No.<br>(573)431-1947 | EPHS No.<br>1507          | Follow-up:<br>Follow-up Date: 11-1-17<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |



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

|                                          |  |                          |                                         |  |
|------------------------------------------|--|--------------------------|-----------------------------------------|--|
| ESTABLISHMENT NAME<br>The Farmer's Diner |  | ADDRESS<br>1600 Woodlawn | CITY /ZIP<br>Farmington, 63640          |  |
| FOOD PRODUCT/LOCATION                    |  | TEMP. in ° F             | FOOD PRODUCT/ LOCATION                  |  |
| Burger from grill                        |  | 171                      | Kenmore R/F                             |  |
| Hot hold burgers                         |  | 140                      | Electrolux R/F                          |  |
| Hot hold mashed potatoes                 |  | 139                      | Frigidaire freezer                      |  |
| Hot hold gravy                           |  | 161                      | Raw burger in Kenmore refrigerator      |  |
| Hot hold chili                           |  | 155                      | Sld tomato, cheese,lettuce at prep area |  |
|                                          |  |                          | 67(no controls)                         |  |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 8-301.11A | This establishment is under new management and operation. The new operator, Jamie Piatt, has not completed nor had approved, an application for a food establishment. A person may not begin operation of a food establishment without obtaining a written approval to open issued by the regulatory authority. An Application for a Food Establishment must be approved by the St. Francois County Health Center to continue operation of this establishment. Obtain and submit an Application immediately. | 11-1-17 | JF |
| 3-501.16B | The ambient temperature of the Kenmore refrigerator in the kitchen was measured at 52F. Raw hamburger in the refrigerator was measured at 46-50F. Potentially hazardous foods held refrigerated shall be maintained at 41F or less. Do not use this refrigerator until it has been repaired and demonstrated to maintain food temperatures of 41F or less.                                                                                                                                                   |         |    |
| 2-401.11  | Employees were observed eating in the kitchen. Employee food and beverages and medicines were observed on the central preparation area. Employees may not eat, drink or smoke in food preparation areas. Employee beverages must be covered and stored where contamination of food, equipment and single use items cannot occur.                                                                                                                                                                             |         |    |
| 3-501.17  | Discard dates were not observed on open packages of hot dogs and sliced turkey in the kitchen refrigerators. Potentially hazardous foods held refrigerated shall be marked with a discard date. Label all potentially hazardous foods with a discard date that is six days after the food is prepared or opened.                                                                                                                                                                                             |         |    |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
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|           |                                                                                                                                                                                                                                                     |         |    |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 5-205.11B | Upon arrival, a bowl of lettuce was observed in the kitchen hand wash sink. Hand wash sinks shall be used for hand washing exclusively. Use the hand wash sink for hand washing only.                                                               | 11-1-17 | JF |
| 6-501.18  | The hand wash sink is dirty. Please clean the sink.                                                                                                                                                                                                 |         |    |
| 6-501.18  | The three compartment sink is dirty. Please clean the sink.                                                                                                                                                                                         |         |    |
| 6-202.15  | The screen on the door to the exterior of the kitchen was broken. The solid door was open. The exterior of a food establishment shall be protected against the entry of insects and other pests. Repair the screen is the solid door is to be open. |         |    |
| 3-304.14  | Soiled dry wiping cloths were observed on the central work station. Dry wiping cloths may not be repeatedly used. Use wiping cloths from the chemical sanitizer to remove spills and clean surfaces.                                                |         |    |
| 3-302.12  | Sugar and flour was observed on the central work station without labeling. Foods that are not in thier original packaging and that are not readily identifiable, shall be labeled with the common name of the food. Please label the food.          |         |    |
| 4-601.11C | An accumulation of blood was observed in the bottom of the Kenmore refrigerator. Non-foood contact surfaces shall be clean. Clean the interior of the refrigerator.                                                                                 |         |    |
| 6-202.11A | Light bulbs in various refrigerators are unshielded. Light bulbs installed in areas of food storage or preparation shall be shielded or shatter resistant. Please replace unshielded bulbs with shatter resistant bulbs.                            |         |    |

EDUCATION PROVIDED OR COMMENTS

|                          |              |                                                                                |                         |
|--------------------------|--------------|--------------------------------------------------------------------------------|-------------------------|
| Person in Charge /Title: |              | Jamie Piatt                                                                    | Date: October 25, 2017  |
| 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: 11-1-17 |



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| ESTABLISHMENT NAME<br>The Farmer's Diner |  | ADDRESS<br>1600 Woodlawn |                        | CITY /ZIP<br>Farmington, 63640 |              |
| FOOD PRODUCT/LOCATION                    |  | TEMP. in ° F             | FOOD PRODUCT/ LOCATION |                                | TEMP. in ° F |
| Frigidaire side by side                  |  | 38/0                     |                        |                                |              |
|                                          |  |                          |                        |                                |              |
|                                          |  |                          |                        |                                |              |
|                                          |  |                          |                        |                                |              |

| 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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|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 3-302.11  | Raw shell eggs were observed stored atop raw ground beef in the Electrolux refrigerator. Foods shall be protected from cross contamination by storing raw animal foods separate from each other. Store raw eggs and raw poultry below or separate from all other foods.                                                                                                                                                                                                                              | 11-1-17 | JP |
| 6-501.111 | Rodent droppings were observed ubiquitously throughout the facility; especially in cabinets, on shelving, below equipment and in storage areas. The presence of insects, rodents and other pests shall be controlled to minimize their presence on the premises. Take action to limit the presence of rodents by: closing openings in walls, floors and ceilings; removing extraneous food debris and maintaining a clean clutter free establishment, using traps and professional control services. |         |    |
| 4-601.11A | Food debris was observed inside the microwave. Food contact surfaces shall be clean to sight and touch. Clean the interior of the microwave as often as necessary.                                                                                                                                                                                                                                                                                                                                   |         |    |
| 3-501.16B | Sliced tomatoes, cheese and cut lettuce was observed at the cook station without temperature control nor time as a public health control. Potentially hazardous food shall be held under temperature control or by time to control pathogen growth. These foods MUST be held at 41F or by an established procedure for time as a public health control.                                                                                                                                              |         |    |
| 7-201.11  | A container of unidentified chemical was stored on the central prep station. Toxic materials shall be stored where they cannot contaminate food. COS by discarding the material.                                                                                                                                                                                                                                                                                                                     |         |    |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> | Correct by (date) | Initial |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
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|           |                                                                                                                                                                                                                                       |         |    |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 4-901.11  | Employees were observed drying food equipment with cloth and paper towels. After cleaning and sanitizing, equipment shall be air dried. Air dry all food equipment.                                                                   | 11-1-17 | JP |
| 4-301.12  | The three compartment sink was not provided with stoppers. Provide working stoppers to each basin of the three compartment sink.                                                                                                      |         |    |
| 4-903.12  | Food equipment and single use items were observed stored below the hand wash sink. Equipment and single use items may not be stored below sink plumbing.                                                                              |         |    |
| 4-302.14  | Sanitizer test strips were not available for determining correct sanitizer strength. Provide chlorine sanitizer test strips.                                                                                                          |         |    |
| 4-601.11C | The drain tray below the dish rack was filled with dirty water and dead flies. Non-food contact surfaces shall be kept clean. Clean and sanitize the tray daily.                                                                      |         |    |
| 6-501.18  | The three compartment sink is dirty. Please clean the sink daily.                                                                                                                                                                     |         |    |
| 3-304.14  | An employee was observed using a wet cloth from the dish water to wipe surfaces on the central work station. Wet wiping cloths for removing spills or cleaning counter surfaces shall be stored in a chemical sanitizer between uses. |         |    |
| 4-903.11A | A case of foam cups was observed on the floor in the kitchen. Single use items shall be stored at least six inches off of the floor. Store single use items off of the floor.                                                         |         |    |

EDUCATION PROVIDED OR COMMENTS

|                           |              |                                                                                |                         |
|---------------------------|--------------|--------------------------------------------------------------------------------|-------------------------|
| Person in Charge / Title: |              | Jamie Piatt                                                                    | Date: October 25, 2017  |
| 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: 11-1-17 |



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| ESTABLISHMENT NAME<br>The Farmer's Diner |  | ADDRESS<br>1600 Woodlawn |                        | CITY /ZIP<br>Farmington, 63640 |              |
| FOOD PRODUCT/LOCATION                    |  | TEMP. in ° F             | FOOD PRODUCT/ LOCATION |                                | TEMP. in ° F |
|                                          |  |                          |                        |                                |              |
|                                          |  |                          |                        |                                |              |
|                                          |  |                          |                        |                                |              |
|                                          |  |                          |                        |                                |              |

| 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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
| 4-702.11                                                                                                                                                                        | Employees were observed cleaning food equipment without a sanitation step. After washing and rinsing, all food equipment shall be sanitized using an approved chemical sanitizer at the correct concentration. All food equipment must be washed, rinsed and sanitized.                                                                                                             | 11-1-17           |         |
| 7-202.12                                                                                                                                                                        | Two cans of farm and dairy insecticide were observed below the hand wash sink. Only those insecticides approved for use in a food establishment may be present in the establishment. Remove the insecticide from the premises.                                                                                                                                                      |                   |         |
| 2-301.14                                                                                                                                                                        | The employees were not observed to wash their hands at appropriate times. Food employees shall wash their hands immediately before engaging in food preparation; between working with raw foods and ready to eat foods; after eating, drinking and smoking; after using the restroom; before donning new gloves and engaging in any other activity that contaminate the hands.      |                   |         |
| 2-102.11                                                                                                                                                                        | The person in charge does not demonstrate knowledge of foodborne disease prevention, basic sanitation requirements and safe food storage and handling requirements. The person in charge must be able to employ necessary sanitation and disease prevention knowledge and techniques in the establishment and to ensure that employees comply with safe food handling requirements. |                   |         |
| NOTE: The facility OWTS was observed to be operating in compliance. No surfacing effluent was observed. The aeration tank high water alarm was tested and sounded when tripped. |                                                                                                                                                                                                                                                                                                                                                                                     |                   |         |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>                                            | Correct by (date) | Initial |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
| 6-501.12A      | Food splatters were observed on walls in the kitchen. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the wall in the kitchen.                                                                                                                                                       | 11-1-17           |         |
| 4-601.11C      | Grease and food debris was observed on the exterior of cooking equipment in the kitchen. Non-food contact surfaces shall be kept clean. Clean all of the cooking equipment.                                                                                                                                                      |                   |         |
| 6-501.12A      | The facility in general is in need of a thorough cleaning. All surfaces in the kitchen must be clean. Physical facilities shall be cleaned as often as necessary to keep them clean. Thoroughly clean the entire facility, including the storage areas, the refrigerators, the floors, walls and all food storage and equipment. |                   |         |
| 3-304.12       | The handle of the ice scoop was observed in contact with the ice in the service counter. The handles of in-use utensils shall be positioned above the surface of the food.                                                                                                                                                       |                   |         |
| 6-501.19       | The facility restroom doors are not self-closing. Toilet room doors shall be provided with self-closing devices. Please install a self closing device on the restroom doors.                                                                                                                                                     |                   |         |
| 6-501.12A      | The rest rooms are dirty. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the restrooms.                                                                                                                                                                                             |                   |         |
| 5-205.15B      | The plumbing below the urinals in the mens room appears to be leaking. Plastic containers have been placed below the urinals to catch the dripping. A plumbing system shall be maintained in good repair. Please fix the dripping at the urinals.                                                                                |                   |         |

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Jamie Piatt Date: October 25, 2017

Inspector: John Wiseman Telephone No. (573)431-1947 EPHS No. 1507 Follow-up:  Yes  No Follow-up Date: 11-1-17