



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

TIME IN	1:40 pm	TIME OUT	3:10 pm
DATE	Sept. 29, 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: Twin Oaks Vineyard Tasting Room & Glass House		OWNER: Keith Hutson	PERSON IN CHARGE: Jeremy Horton		
ADDRESS: 6470 Highway F		ESTABLISHMENT NUMBER: 4631	COUNTY: St. Francois		
CITY/ZIP: Farmington 63640	PHONE: (573)756-6500	FAX: (573)701-5776	P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 checked="" type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS					
PURPOSE <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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled **see note Results Pending _____		

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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
Employee Health				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
Good Hygienic Practices				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <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"/> IN <input 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				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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 type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		<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				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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/C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used	<input checked="" type="checkbox"/>	
<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				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item			
<input checked="" type="checkbox"/> OUT <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 checked="" type="checkbox"/>					
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	Proper disposition of returned, previously served, reconditioned, and unsafe food						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			Utensils, Equipment and Vending				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean	<input checked="" type="checkbox"/>	
Prevention of Food Contamination					Physical Facilities				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	
<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"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: Jeremy Horton		Date: September 29, 2017	
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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ESTABLISHMENT NAME Twin Oaks Vineyard Tasting Room & Glass House	ADDRESS 6470 Highway F	CITY /ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Hotpoint refrigerator/freezer, ambient, Tasting House kitch	40/0
		True cooler, ambient, Tasting House bar	41
		Beer keg, Tasting House bar, ambient	38
		Chest cooler, Tasting House bar, ambient	39

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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**NOTE	The water supply for the tasting room and the glass house is from a private well. A sample of water collected for bacteriological analysis on September 11, 2017 tested as unsafe for drinking due to the presence of total coliform bacteria. The well was shocked and flushed, and a second sample was collected on September 26. The results of the analysis showed the water was free of total coliform. A second water sample after shocking is required to show the water is safe for drinking. A second water sample will be collected from the tasting room during the week of October 2, 2017.		
5-203.14A	TASTING BUILDING The discharge hose on the water softener ended below the rim of the receiving drain. Water shall be protected from contamination. Please provide an air gap that is no less than 1" between the discharge hose and the rim of the receiving floor drain. CORRECTED ON SITE by repositioning so hose dumps into the mop sink and an air gap remained between the end of the hose and the rim of the mop sink.	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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5-501.13A	TASTING BUILDING A hole was observed rusted through the bottom of the outside trash receptacle. Outside trash receptacles shall be pest resistant. Please have trash company replace the receptacle.	10/5/17	
3-302.11A	An aluminum tray of individual desserts was stored uncovered in the Hotpoint freezer in the kitchen. Food shall be protected while in storage. Please cover all food stored in refrigerators and freezers. CORRECTED ON SITE by covering tray.	COS	
5-205.11A and B	The handwashing sink in the kitchen was used for storing buckets. Handwashing sinks shall be accessible at all times. Please do not use the sink for any purposes other than handwashing, and keep the sink accessible at all times. CORRECTED ON SITE by moving buckets and discussion with staff.	COS	
4-204.112	A thermometer was not found in the Hotpoint refrigerator or freezer. Thermometers shall be installed in a convenient-to-read location in the warmest part of coolers. Please install a thermometer in the freezer and in the refrigerator. CORRECTED ON SITE by installing thermometers in both units.	COS	
4-601.11C	Debris observed on the ledges of the door glides of the chest beer cooler in the bar. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean ledges as often as needed to keep clean. CORRECTED ON SITE by cleaning ledges	COS	
4-101.19	A soiled, cloth towel was stored under wine bottles in the chest cooler in the bar. Surfaces that are exposed to moisture or require frequent cleaning shall be nonabsorbent. Please do not use cloths inside of coolers. CORRECTED ON SITE by removing cloth	COS	
3-602.11C	Crackers and chips were removed from original packaging and being sold retail. The packages were not labeled. Please label with name and place of business, quantity, ingredients, and allergens.	10/5/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Jeremy Horton Date: September 29, 2017

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



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ESTABLISHMENT NAME Twin Oaks Vineyard Tasting Room & Glass House	ADDRESS 6470 Highway F	CITY /ZIP Farmington 63640
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Ambient: Kenmore freezer	5
		Ambient: refrigerator/freezer	42/10
		Ambient: chest freezer	0
		True refrigerator, bar, ambient	40
		Keg coolers, bar, ambient	38, 40

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
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4-202.11A	GLASS HOUSE A rubber spatula, hanging above the 3-vat sink, was stained and torn on the edges. Food contact surfaces shall be clean and free of imperfections. CORRECTED ON SITE by discarding spatula.	COS	
4-601.11A	Food debris observed on the inside of the microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize inside of microwave after each use, or at a minimum of every four hours while in continual use. CORRECTED ON SITE by cleaning.	COS	
7-201.11A	Handwashing soap was stored above food and single-use items on the rack in the storage area. Chemicals shall be stored below or separately from food and single-use items. COS by moving to bottom with other chemicals.	COS	

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
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4-601.11C 6-501.111B	GLASS HOUSE Grease and debris observed on the stove drawers and oven door. CORRECTED ON SITE by cleaning. Spider webs observed in the rafters of the ceiling in the storage room. Facility shall be free of pests. Please remove evidence of pests and monitor facility; if pest evidence is found, begin an approved method of pest control. COS by removing spider webs.	COS COS	
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Jeremy Horton	Date:	September 29, 2017
Inspector:		Rose Mier	Telephone No.	(573)-431-1947
			EPHS No.	1390
			Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:	