



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

TIME IN	11:44am	TIME OUT	1:08pm
DATE	7/16/2021	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 Tasting Room and Glass House		OWNER: Karen Hutson		PERSON IN CHARGE: James Dickey/GM	
ADDRESS: 6470 Highway F		ESTABLISHMENT NUMBER: 4631		COUNTY: St. Francois	
CITY/ZIP: Farmington, 63640		PHONE: 573-756-6500		FAX: N/A	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L			
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		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 <u>TBD</u> Results _____	
License No. _____					

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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO	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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input 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	✓			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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Pasteurized eggs used where required			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Water and ice from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Adequate equipment for temperature control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Gloves used properly		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Thermometers provided and accurate			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Food properly labeled; original container			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Insects, rodents, and animals not present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Hot and cold water available; adequate pressure		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Toilet facilities: properly constructed, supplied, cleaned		
<input type="checkbox"/> IN <input type="checkbox"/> OUT		Fruits and vegetables washed before use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Physical facilities installed, maintained, and clean		

Person in Charge /Title: _____ James Dickey/GM		Date: July 16, 2021	
Inspector: _____ Nicholas Joggerst	Telephone No. (573)431-1947	EPHS No. 1687	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 7/22/2021



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ESTABLISHMENT NAME Twin Oaks Tasting Room and Glass House		ADDRESS 6470 Highway F		CITY/ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
True Fridge(amb.)/cooked turkey		34/37	True Freezer (amb.)		2
Code Reference	<b>PRIORITY ITEMS</b> 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)
3-501.18A	Cooked turkey was observed with a discard date of July 8, 2021. Potentially hazardous food shall be discarded if it exceeds time and temperature combinations. COS by asking staff to discard.				COS
4-601.11A	Several dishes on the drying rack near the grill were observed with grease and food debris. Food-contact surfaces shall be clean to sight and touch. Please clean wash, rinse, and sanitize.				7/16/2021
NOTE:	OWTS observed during this visit. No surfacing sewage or odors detected. Dispersal field appeared to be in close proximity to body of water (small pond).				
NOTE:	Well head could not be found and was not observed during this visit.				
Code Reference	<b>CORE ITEMS</b> 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)
6-501.112	Accumulation of dead insects were observed on the floor of the kitchen and in ice scoop container near ice machine. Dead insects shall be removed from the premises so their accumulation does not attract pests. Please remove dead insects and clean facility.				7-19-2021
4-903.11A	Plastic cups were observed in cardboard box directly on the floor in the kitchen. Single-serve articles shall be stored at least 6 inches up off the floor. Please move items off the floor.				7-16-2021
4-602.12B	Food debris was observed in the microwave. The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours according to manufacture specifications. Please clean of all debris.				7-16-2021
6-202.11A	The lights above the ice machine did not appear to be shatter resistant, shielded, or coated. Lights in areas of food preparation shall be shielded, coated, or shatter-resistant. Please ensure lights are as stated.				7-29-2021
4-302.14	No test strip was available for testing quaternary sanitizer. A testing device shall be available for ascertaining in mg/L sanitizing solution. Please provide sanitizer test device.				7/25/2021
<b>EDUCATION PROVIDED OR COMMENTS</b>					
A line through an item on page 1 means not observed or not applicable.					
Person in Charge/Title:		James Dickey/GM		Date: July 16, 2021	
Inspector:	Nicholas Joggerst	Telephone No.	EPHS No.	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(573)431-1947	1687	Follow-up Date:	7/22/2021



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ESTABLISHMENT NAME Twin Oaks Tasting Room and Glass House		ADDRESS 6470 Highway F		CITY/ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Inside kitchen fridge/freezer (amb.)		49/31			
Shredded cheese		55			
Code Reference	<b>PRIORITY ITEMS</b> 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
Note:	Tasting Room:				
3-501.16A2	Potentially hazardous food in the kitchen fridge was observed held at 50F. Potentially hazardous food shall be held at 41F or less. Please adjust or replace fridge. Please do not use the fridge until it is approved for use by the St. Francois County Health Center. NOTE: shredded cheese discarded.				7-17-2021 1
3-101.11	Orange juice in the kitchen fridge was observed with mold in the corners. Food shall be safe and unadulterated. COS by asking staff to discard.				COS
Code Reference	<b>CORE ITEMS</b> 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
5-205.11A	Hand sinks were blocked with dishes during this inspection. A hand sink shall be maintained at all times so it is accessible. Please only use handsink for handwashing.				7/18/2021
6-301.11	There did not appear to be any hand cleanser at the hand sink in the kitchen. Each hand sink shall be supplied with either liquid, bar, or power soap. Please supply hand cleanser.				7/17/2021
EDUCATION PROVIDED OR COMMENTS					
Person in Charge / Title: James Dickey/GM Date: July 16, 2021					
Inspector: Nicholas Joggerst		Telephone No. (573)-431-1947	EPHS No. 1687	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 7/22/2021