



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

| | | | |
|---------|------------|----------|---------|
| TIME IN | 11:29am | TIME OUT | 12:30pm |
| DATE | 10/13/2023 | PAGE | 1 of 2 |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

| | | |
|---|--|---|
| ESTABLISHMENT NAME: Huddle House | OWNER: Keith Ratliff | PERSON IN CHARGE: Rhonda Declue/ Manager |
| ADDRESS: 305 East Karsch Blvd. | ESTABLISHMENT NUMBER: 4583 | COUNTY: St. Francois |
| CITY/ZIP: Farmington, 63640 | PHONE: 573-760-9213 | FAX: 573-701-9198 |
| ESTABLISHMENT TYPE <input 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 checked="" 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 | | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| 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 checked="" type="checkbox"/> Not Applicable | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |
| 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | <input checked="" 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| <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 checked="" type="checkbox"/> NO | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance OUT = not in compliance
N/A = not applicable N/O = not observed
COS=Corrected On Site R=Repeat Item

GOOD RETAIL PRACTICES

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



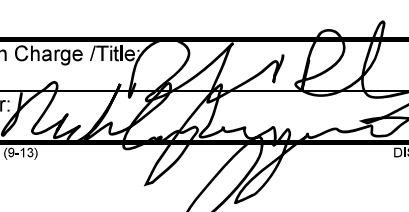
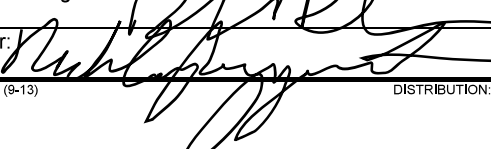
| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|-------------------------------------|--------------------------|---|-----|---|-------------------------------------|-------------------------------------|---|-------------------------------------|---|
| <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | |
|---|------------------------|--|
| Person in Charge / Title: <i>Rhonda Declue</i> | Rhonda Declue/ Manager | Date: October 13, 2023 |
| Inspector: <i>Nicholas Joggerst</i> | Nicholas Joggerst | Telephone No. 573-431-1947 |
| | EPHS No. 1687 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: |



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

PAGE 2 of 2

| | | | | | |
|--|--|----------------------------------|---|--|---|
| ESTABLISHMENT NAME Huddle House | | ADDRESS 305 East Karsch Blvd. | | CITY/ZIP Farmington, 63640 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Hot hold: milk gravy, grits/ sausage gravy | | 146/150/147 | Cold prep top: leaf lettuce/cut tomato | | 41/39 |
| Delfield fridge 2(amb.)/pancake batter | | 38/40 | Cold pull out drawers: raw bacon/burgers/cheese sauce | | 31/41/42 |
| Delfield fridge 1(amb.) /gallon milk | | 33/39 | Delfield freezer(amb.) | | 7 |
| Walk-in cooler(amb.)/turkey/cheese | | 37/40/39 | Cold cabinet (amb.) pancake batter | | 42/41 |
| Walk-in freezer(amb.) | | 11 | | | |
| 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) |
| 4-501.114A | The chlorine sanitizer on the mechanical warewash machine was tested at less than 25 ppm. Chlorine sanitizer shall be between 50-100 ppm. Please adjust the sanitizer so it dispenses between 50-100 ppm. COS staff adjust sanitizer to 50 ppm chlorine. | | | | 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) |
| 4-601.11C | There was an accumulation of debris in the Delfield fridges and and Delfield freezer observed on the shelving and bottom of the units. Debris was also observed on the cold pull-out drawer door seals and in the cold cabinet door seals and shelving. Non food-contact surfaces shall be free of an accumulation of dirt and debris. Please clean of all debris. | | | | 10/15/2023  |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| | | | | | |
| Person in Charge /Title:  | | Rhonda Declue/ Manager | | Date: October 13, 2023 | |
| Inspector:  Nicholas Joggerst | | Telephone No. 573-431-1947 | EPHS No. 1687 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |