



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

TIME IN	11:05 AM	TIME OUT	11:37 AM
DATE	3/7/2024	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: The Factory Diner #2	OWNER: Mehmet Remis	PERSON IN CHARGE: Timothy Raymond
ADDRESS: 814 Market Street	ESTABLISHMENT NUMBER: 4783	COUNTY: 187
CITY/ZIP: Farmington, 63640	PHONE: (573) 747-1006	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 _____		
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 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		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____

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"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Proper date marking and disposition		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Hands clean and properly washed			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Food additives: approved and properly used		
<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Food received at proper temperature			<input checked="" type="checkbox"/> <b>IN</b> <input checked="" type="checkbox"/> <b>Q/T</b>	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Compliance with approved Specialized Process and HACCP plan		
	<b>Protection from Contamination</b>				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"/> <b>IN</b> <input checked="" type="checkbox"/> <b>Q/T</b> <input type="checkbox"/> <b>N/A</b>	Food separated and protected		<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/O</b>	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		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Vending</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>			<input checked="" type="checkbox"/>	<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: Timothy Raymond	Date: March 7, 2024
Inspector: Donovan Kleinberg	Telephone No. (573) 431-1947
EPHS No. 1686	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:	



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 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME The Factory Diner #2		ADDRESS 814 Market Street		CITY/ZIP Farmington, 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
True Cooler Ambient		41	Prep Table 1 Top: Cut Tomato; Bottom Ambient		40; 39
Hot Held Gravy		138	Prep Table 2 Top: Cut Tomato, Sausage		41, 41
Trawlsen Cooler Ambient		40	Pie Cooler Ambient		49
Wait Station Cooler		47*			

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
3-501.16A2	The temperatures of the pie cooler and wait station cooler were found to be above 41F. CORRECTED ON SITE by moving all Potentially Hazardous Food out of the wait station cooler to one that was at a safe temperature and arranging to contact a maintenance man to adjust or repair the coolers.	COS	
4-501.114	The sanitizer concentration for sanitizer in a bucket at the wait station was checked and found to be at 0. CORRECTED ON SITE by discussion of sanitizer concentration and remaking the bucket of sanitizer.	COS	
3-302.11A	Raw egg yolks in a tub were found stored above Ready To Eat foods such as ham and green bell peppers in the Trawlsen cooler. CORRECTED ON SITE by moving the egg yolks.	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
4-901.11	Wet nested hotel pans were found on the drying rack. Food equipment shall be completely air dried before stacking or nesting. Please completely air dry all utensils before storing.	3/7/2024	
6-501.12A	Large accumulations of food debris and grime were observed on floors and walls beneath and behind equipment in the kitchen and back of house. Physical facilities shall be kept clean. Please clean all soiled areas.	3/10/2024	
4-601.11C	Several pieces of equipment such as the ovens and portions of coolers had accumulations of food debris. Non-food contact surfaces of food equipment shall be kept clean. Please clean all dirty equipment.	3/9/2024	
4-901.12A	An employee jacket was found stored atop a table in the cook line. CORRECTED ON SITE by discussion and moving the jacket.	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Timothy Raymond	Date:	March 7, 2024
Inspector:		Donovan Kleinberg	Telephone No. (573)431-1947	EPHS No. 1686
			Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:	