Food Establishment Inspection Report

Page 1 of 2

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30 A Pasteurized eggs used where required A A A A In-use utensils: properly stored A A 31 A Water and ice from approved source A A A A In-use utensils: properly stored A										
31 A Water and ice from approved source A B A A A A A A A A B		1								
323233333435 <td></td> <td></td>										
33 Proper cooling methods used; adequate equipment for temperature control Utensils, Equipment and Vending										
	33 Proper cooling methods used; adequate equipment for temperature control Utensils, Equipment and Vending									
34 Plant food properly cooked for hot holding 47 Food and non-food contact surfaces cleanable, properly designed, constructed,	34 Plant food properly cooked for hot holding 47 Food and non-food contact surfaces cleanable, properly designed, constructed,									
35 Approved thawing methods used and used 48 Warewashing facilities: installed, maintained, & used; test strips	35 Approved thawing methods used 48 Warewashing facilities: installed, maintained, & used; test strips									
36 Thermometers provided & accurate 49 Non-food contact surfaces clean	36 Thermometers provided & accurate 49 Non-food contact surfaces clean									
Food Identification Physical Facilities	Food Identification Physical Eacilities									
37 X Food properly labeled; original container X 50 Hot and cold water available; adequate pressure	SU Hot and cold water available; adequate pressure									
Prevention of Food Contamination 38 Insects redents and animals not present 51 Plumbing installed; proper backflow devices 51 OPLIMBING installed; proper backflow devices 51 OPLIMB	51 Plumbing installed; proper backflow devices									
38 Insects, rodents, and animals not present 52 Sewage and waste water properly disposed 39 Contamination prevented during food preparation, storage and display 52 Sewage and waste water properly disposed	52 Sewage and waste water properly disposed									
40 Personal cleanliness 53 Toilet facilities: properly constructed, supplied, & cleaned 53	40 Personal cleanliness 53 Toilet facilities: properly constructed, supplied, & cleaned									
54 Garbage & refuse properly disposed; facilities maintained	54 Garbage & refuse properly disposed; facilities maintained									
42 Washing fruits and vegetables	1551 Physical facilities installed, maintained, and clean									
5b Adequate ventilation and lighting; designated areas used	42 Washing fruits and vegetables	_								
	42 Washing fruits and vegetables 56 Adequate ventilation and lighting; designated areas used									
	42 Washing fruits and vegetables	+								

Food Establishment Inspection Report

						I	Page 2 of 3
Establishment: Farmer's Family Restaurant					stablishme	ent #: 287	
Water Sup	ply: 🛛 Public 🗌 Priv	ate W	ast	e Water System: 🔀 Public 🗌 Pri	vate		
Sanitizer Type: Chlorine				PPM: 100		Heat:	
				TEMPERATURE OBSERVATI	ONS		
	Item/Location	Temp		Item/Location	Temp	Item/Location	Temp
All Temps in ∘F				Gravy in steam table to right of	-	Coleslaw in top part of make	
All Cold Holding Units ≤		41		make table	148	table in waitress area	38
				Chili sitting on counter cooling	178		
Sliced tomato in top of make				Lemon pie in double door fridge			
table in kitchen		40		in waitress area	38		
Raw ckn i	n bottom of make table			Dough in bottom of fridge in			
on left side		38		waitress area	39		
Raw Bac	on on right side top of			Raw Ckn on bottom shelf in			
	make table	37		walk in cooler	35		
			0	BSERVATIONS AND CORRECTIV		IS	
ltem Number		Viola	tior	ns cited in this report must be corrected	within the	time frames below.	
37	Food items in fridge c	overed wit	ho	ut common name. Food is not ident	ifiable. Pa	ckaged food shall be identifiable in the	e fridge.
			Re	ference section 3-601.11 of Food Co	ode. COS,	food labeled.	
CFPM Ver	ification (name, expiration	on date, ID	#):				
Wa	nda Howe- on file						
НАССР То	pic: Discussed storage a	nd labeling	g of	toxic materials in establishment			
<u>.</u>							
	Wa-			Sep 22, 2022			
Person in Cha	irge (Signature)			Date			
, for	NBO						
U							

Follow-up: Yes X No (Check one)

Inspector (Signature)

Follow-up Date: N/A