



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

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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: Honeybee Farm Market		OWNER: Jason + Susan Beachy		PERSON IN CHARGE:	
ADDRESS: 1166 CR 2440				COUNTY: Dent	
CITY/ZIP: Salem 65560		PHONE: 573-247-7933	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input checked="" type="checkbox"/> DELI	<input checked="" type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		<input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		<input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" 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
IN (OUT)	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O (N/A)	Proper cooking, time and temperature		
Employee Health							
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/A	Proper hot holding temperatures		
IN OUT (N/O)	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
IN OUT N/O	Hands clean and properly washed			IN OUT (N/A)	Proper date marking and disposition		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Consumer Advisory		
Approved Source							
IN OUT	Food obtained from approved source				Consumer advisory provided for raw or undercooked food		
IN OUT N/O (N/A)	Food received at proper temperature				Highly Susceptible Populations		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT (N/O) N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Chemical		
Protection from Contamination							
IN OUT N/A	Food separated and protected			IN OUT (N/A)	Food additives: approved and properly used		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT	Toxic substances properly identified, stored and used		
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT (N/A)	Conformance with Approved Procedures		
Compliance with Approved Procedures							
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
		Pasteurized eggs used where required					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate					Utensils, Equipment and Vending		
							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
							Warewashing facilities: installed, maintained, used; test strips used		
							Nonfood-contact surfaces clean		
Food Identification									
		Food properly labeled; original container					Physical Facilities		
Prevention of Food Contamination									
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: Jason Beachy - OWNER			Date: 7/11/2026		
Inspector: Roderson Altz	Telephone No. 729-3106 (131)	EPHS No. 2021	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 7/17/2026	



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ESTABLISHMENT NAME Honeybee Farm Market		ADDRESS 1166 CR 2440		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Colby Cheese / Cooler		41°F	Raspberry Greek Yogurt / Cooler		37°F
Smoke Ham / Walk-in Cooler		36°F			
Whole milk / Kitchen Fridge		40°F			
Honey Vanilla yogurt / Cooler		42°F			

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
3-501.07	obs; Ready to eat vegetables not date labeling voluntarily thrown away.	COS	
3-602.10	obs; Unlabelled flour/powder at the bottom floor of the kitchen shelf, voluntarily corrected.	COS	
3-304.12	obs; Scoops buried inside the flour buckets.	COS	
2-102.11	obs; Employees on charge don't have ServSafe certificates.	7/7/26	

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
3-307.1	Obs; Employee designated area not labelled.	COS	
4-601.11c	obs; debris under the vector machine	7/7/26	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Jason Beachy - OWNER Date: 7/11/2026
 Inspector: Roderson Altes Telephone No. 729 3106 (131) EPHS No. 2001
 Follow-up: Yes No Follow-up Date: 7/17/2026