



MANUFACTURED FOOD FIRM INSPECTION REPORT

<input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Non-Contract
RISK CATEGORY <input checked="" type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	CHANGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FIRM DATA

FEI 3010127986	FIRM NAME Two Men and a Garden LLC
PHYSICAL ADDRESS 1 Lenore Drive	CITY, STATE, ZIP CODE Fenton, mo 63026-4001
MAILING ADDRESS 856 Arlington Glen Drive	CITY, STATE, ZIP CODE Same
FIRM POINT OF CONTACT (FIRST/M/LAST/TITLE) Joel P. Austin - President	CONTACT EMAIL ADDRESS (OR FAX NUMBER) twomenandagarden@att.net
MOST RESPONSIBLE PERSON AT THIS LOCATION (FIRST/M/LAST/TITLE) Same	CONTACT PHONE NUMBER 314-277-4229
PROCESS TYPES <input type="checkbox"/> General <input type="checkbox"/> Beverage <input type="checkbox"/> Water <input type="checkbox"/> Juice <input type="checkbox"/> Seafood <input type="checkbox"/> Repacker <input type="checkbox"/> LACF <input checked="" type="checkbox"/> Acidified <input type="checkbox"/> Acid <input type="checkbox"/> Frozen Dessert Plant <input type="checkbox"/> Other: <input type="checkbox"/> Importer <input type="checkbox"/> Frozen Dessert Processor	HOURS/DAYS/SEASONS OF OPERATION 8am - 3pm Mon - Fri.
WAREHOUSE ONLY <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	FIRM SIZE 3 % INTERSTATE - OUTGOING/INCOMING 2% % WHOLESALE 90 NO. OF EMPLOYEES 10
PRODUCT AND PROCESSING DETAILS Salsa and pickle manufacturers.	

WATER SUPPLY <input checked="" type="checkbox"/> Public <input type="checkbox"/> Non-Community Public <input type="checkbox"/> Private	WATER SAMPLE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WASTEWATER <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private/DHSS <input type="checkbox"/> Private/DNR
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INSPECTION DATA

INSPECTION DATE 12/11/18	TIME IN 2:00 Pm	DATE OF PREVIOUS INSPECTION 11/29/17	PREVIOUS INSPECTION CLASSIFICATION <input type="checkbox"/> NAI <input checked="" type="checkbox"/> VAI <input type="checkbox"/> OAI <input type="checkbox"/> Other:
CREDENTIALS SHOWN TO (FIRST/M/LAST/TITLE) Joel P. Austin - President		REASON FOR INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Initial <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up	
ADDITIONAL PEOPLE PRESENT (NAME & TITLE OR AGENCY) Ainsley Luckey - MO DHSS		INSPECTION TYPE <input type="checkbox"/> PC <input type="checkbox"/> GMP <input checked="" type="checkbox"/> Acidified <input type="checkbox"/> HACCP <input type="checkbox"/> Other:	
PROCESSES REVIEWED/OBSERVED Facility walk-through and document review. No processing occurring at time of inspection.		COMPLAINTS <input checked="" type="checkbox"/> N/A <input type="checkbox"/> See Comments <input type="checkbox"/> No Complaint Records Maintained	RECALLS <input checked="" type="checkbox"/> None <input type="checkbox"/> See Comments
FDA REGISTRATION STATUS <input type="checkbox"/> Exempt <input type="checkbox"/> Expired/Incomplete <input type="checkbox"/> Documentation Unavailable <input checked="" type="checkbox"/> Current		RECONCILIATION EXAM <input type="checkbox"/> N/A <input checked="" type="checkbox"/> See Comments	RECALL PLAN IN PLACE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ADVERSE INSPECTIONAL OBSERVATIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, see following page(s) for description		RECALLS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FDA HANDOUTS PROVIDED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MANAGEMENT'S RESPONSE TO INSPECTION FINDINGS Management agrees to address all items on next visit.		LOT CODING AND TRACEABILITY <input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> See Comments	REFUSALS <input checked="" type="checkbox"/> None <input type="checkbox"/> See Comments
		SIGNIFICANT CHANGES SINCE LAST INSPECTION <input checked="" type="checkbox"/> None <input type="checkbox"/> See Comments	SAMPLES <input checked="" type="checkbox"/> None <input type="checkbox"/> See Attached
		FOLLOW-UP <input type="checkbox"/> None <input type="checkbox"/> Inspection <input type="checkbox"/> Documentation	DATE: _____ DATE: _____

MANAGEMENT'S RESPONSE TO INSPECTION FINDINGS
Management agrees to address all items on next visit.

INSPECTOR SIGNATURE <i>Virginia Phillips</i>	INSPECTOR NAME Virginia Phillips	DATE ISSUED 12/11/18
INSPECTOR TELEPHONE 314-877-0230	INSPECTOR EMAIL virginia.phillips@health.mo.gov	TIME OUT 5:30

You are reminded to adhere to the Food, Drug and Cosmetic Act; failure to do so can result in seizure, injunction or prosecution.

FIRM SIGNATURE <i>Joel P. Austin</i>	PRINT NAME AND TITLE Joel P. Austin	DATE 12/11/18
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