



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

|             |               |
|-------------|---------------|
| TIME IN 930 | TIME OUT 1230 |
| 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:<br><b>MI RANCHITO</b>   | OWNER:<br><b>JESUS JASSO</b>   | PERSON IN CHARGE:<br><b>BRIANNA KIDWELL</b>   |
| ADDRESS: <b>1730 FIRST STREET</b>   |  | COUNTY: <b>069</b>  |
| CITY/ZIP: <b>KENNETT, MO 53857</b>  | PHONE: <b>573-717-7070</b>   | FAX:  |
| P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L  |  |   |
| ESTABLISHMENT TYPE<br><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<br><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 |  |   |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |
| License No. <u>NA</u>   | 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"/> OUT        | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | IN OUT <input checked="" type="checkbox"/> N/A  | Proper cooking, time and temperature  |                         |   |
|  | <b>Employee Health</b>  |     |   | IN OUT <input checked="" type="checkbox"/> N/A  | Proper reheating procedures for hot holding   |                         |   |
| <input checked="" type="checkbox"/> OUT        | Management awareness; policy present  |     |   | IN OUT <input checked="" 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 N/O N/A | Proper hot holding temperatures   |                         |   |
|  | <b>Good Hygienic Practices</b>  |     |   | <input checked="" type="checkbox"/> OUT N/A     | Proper cold holding temperatures  |                         |   |
| <input checked="" type="checkbox"/> OUT N/O    | Proper eating, tasting, drinking or tobacco use   |     |   | IN <input checked="" type="checkbox"/> N/O N/A  | Proper date marking and disposition   |                         |   |
| <input checked="" type="checkbox"/> OUT N/O    | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O <input checked="" type="checkbox"/>  | Time as a public health control (procedures / records)  |                         |   |
|  | <b>Preventing Contamination by Hands</b>  |     |   |   | <b>Consumer Advisory</b>  |                         |   |
| IN OUT <input checked="" type="checkbox"/>     | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/>      | Consumer advisory provided for raw or undercooked food  |                         |   |
| IN OUT <input checked="" type="checkbox"/>     | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |   | <b>Highly Susceptible Populations</b>   |                         |   |
| IN <input checked="" type="checkbox"/>         | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N/O N/A | Pasteurized foods used, prohibited foods not offered  |                         |   |
|  | <b>Approved Source</b>  |     |   |   | <b>Chemical</b>   |                         |   |
| <input checked="" type="checkbox"/> OUT        | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N/A     | Food additives: approved and properly used  |                         |   |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature   |     |   | IN <input checked="" type="checkbox"/>          | Toxic substances properly identified, stored and used   |                         |   |
| <input checked="" type="checkbox"/> OUT        | Food in good condition, safe and unadulterated  |     |   |   | <b>Conformance with Approved Procedures</b>   |                         |   |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction                           |     |   | IN OUT <input checked="" type="checkbox"/>      | Compliance with approved Specialized Process and HACCP plan                                     |                         |   |
|  | <b>Protection from Contamination</b>  |     |   |   |   |                         |   |
| IN <input checked="" type="checkbox"/> N/A     | Food separated and protected  |     |   |   | The letter to the left of each item indicates that item's status at the time of the inspection. |                         |   |
| IN <input checked="" type="checkbox"/> N/A     | Food-contact surfaces cleaned & sanitized   |     |   |   | IN = in compliance  | OUT = not in compliance |   |
| IN OUT <input checked="" type="checkbox"/>     | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   | N/A = not applicable  | N/O = not observed      |   |

**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 |
|----|-----|---|-----|---|----|-----|---|-----|---|
| X  |     | Pasteurized eggs used where required  |     |   | X  |     | In-use utensils: properly stored  |     |   |
| X  |     | Water and ice from approved source  |     |   |    | X   | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|    |     | <b>Food Temperature Control</b>   |     |   |    | X   | Single-use/single-service articles: properly stored, used                             |     |   |
| X  |     | Adequate equipment for temperature control  |     |   |    |     | Gloves used properly  |     |   |
| X  |     | Approved thawing methods used   |     |   |    |     | <b>Utensils, Equipment and Vending</b>  |     |   |
| X  |     | Thermometers provided and accurate  |     |   | X  |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|    |     | <b>Food Identification</b>  |     |   |    | X   | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
|    | X   | Food properly labeled; original container   |     |   |    | X   | Nonfood-contact surfaces clean  |     |   |
|    |     | <b>Prevention of Food Contamination</b>   |     |   |    |     | <b>Physical Facilities</b>  |     |   |
| X  |     | Insects, rodents, and animals not present   |     |   | X  |     | Hot and cold water available; adequate pressure                                       |     |   |
|    | X   | Contamination prevented during food preparation, storage and display                |     |   |    | X   | Plumbing installed; proper backflow devices   |     |   |
| X  |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | X  |     | Sewage and wastewater properly disposed   |     |   |
| X  |     | Wiping cloths: properly used and stored   |     |   | X  |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| X  |     | Fruits and vegetables washed before use   |     |   |    | X   | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|    |     |   |     |   |    | X   | Physical facilities installed, maintained, and clean                                  |     |   |

|   |  |
|---|--|
| Person in Charge /Title: <b>BRIANNA KIDWELL</b> | Date: <b>02/22/2019</b>  |
| Inspector: <i>Christopher D. [Signature]</i>    | Telephone No. <b>573-888-9008</b>  |
| EPHS No. <b>1647</b>                            | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Follow-up Date: <b>03/01/2019</b>  |



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

|             |               |
|-------------|---------------|
| TIME IN 930 | TIME OUT 1230 |
| PAGE 2      | of 2          |

|  |  |                                     |                        |                                      |                   |         |
|--|--|-------------------------------------|------------------------|--------------------------------------|-------------------|---------|
| ESTABLISHMENT NAME<br><b>MI RANCHITO</b> |  | ADDRESS<br><b>1730 FIRST STREET</b> |                        | CITY/ZIP<br><b>KENNETT, MO 53857</b> |                   |         |
| FOOD PRODUCT/LOCATION                    |  | TEMP. in ° F                        | FOOD PRODUCT/ LOCATION |                                      | TEMP. in ° F      |         |
| SLICED TOMATOES/PREP COOLER              |  | 40                                  | WALK IN COOLER         |                                      | 35                |         |
| DICED TOMATOES/PREP COOLER               |  | 39                                  |                        |                                      |                   |         |
| LETTUCE                                  |  | 41                                  |                        |                                      |                   |         |
| DR PEPPER COOLER                         |  | 38                                  |                        |                                      |                   |         |
| BAR FREEZER                              |  | 5                                   |                        |                                      |                   |         |
| Code Reference                           | <b>PRIORITY ITEMS</b><br>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 |
| 4-601.11A                                | CAN OPENER SOILED WITH FOOD AND DEBRIS, CLEAN AND SANITIZE   |                                     |                        |                                      | 02/25/2019        | BK      |
| 4-601.11A                                | VEGETABLE SLICER ON SHELF SOILED WITH FOOD, CLEAN AND SANITIZE   |                                     |                        |                                      | 02/25/2019        | BK      |
| 4-101.11                                 | DRY GOODS STORED IN NON FOOD GRADE CONTAINERS  |                                     |                        |                                      | 02/25/2019        | BK      |
| 4-601.11A                                | VENT HOOD SOILED WITH GREASE AND DEBRIS  |                                     |                        |                                      | 02/25/2019        | BK      |
| 3-501.17                                 | READY TO EAT FOODS IN WALK IN COOLER NOT DATED (CHICKEN FAJITA MIX, SLICED ONION, SLICED BELL PEPPER, SHREDDED LETTUCE, SALSA)   |                                     |                        |                                      | 02/25/2019        | BK      |
| 3-302.11A4                               | MULTIPLE ITEMS IN WALK IN COOLER NOT COVERED WITH THE RISK OF CROSS CONTAMINATION  |                                     |                        |                                      | 02/25/2019        | BK      |
| 7-201.11                                 | CHEMICALS STORED OVER AND NEXT TO CAN GOODS  |                                     |                        |                                      | COS               | BK      |
| 5-202.13                                 | DIRECT PLUMPING ON 3 BAY SINK, SHALL BE INDIRECT WITH ANY MODIFICATIONS TO 3 BAY SINK  |                                     |                        |                                      | NRI               | BK      |
| Code Reference                           | <b>CORE ITEMS</b><br>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 |
| 5-205.11A                                | REPEAT: OBSERVED HANDSINK IN BACK FOOD PREP AREA BLOCKED WITH WRAPPING FOIL IN SINK  |                                     |                        |                                      | 02/25/2019        | BK      |
| 6-301.12                                 | NO TOWELS AT REAR KITCHEN HANDWASHING SINK   |                                     |                        |                                      | 02/25/2019        | BK      |
| 6-301.11                                 | NO SOAP AT REAR KITCHEN HANDWASHING SINK   |                                     |                        |                                      | 02/25/2019        | BK      |
| 4-302.14                                 | NO TEST STRIPS FOR 3 BAY SINK OR WAREWASH MACHINE  |                                     |                        |                                      | 02/25/2019        | BK      |
| 6-501.11B                                | COATS LAYING ON TOP OF BULK RICE   |                                     |                        |                                      | 02/25/2019        | BK      |
| 6-501.12A                                | FLOORS BEHIND EQUIPMENT SOILED   |                                     |                        |                                      | 02/25/2019        | BK      |
| 5-501.16C                                | NO WASTBASKET FOR REAR KITCHEN HANDWASHING SINK  |                                     |                        |                                      | 02/25/2019        | BK      |
| 4-901.11                                 | PANS NOT COMPLETELY AIR DRYED BEFORE STORING   |                                     |                        |                                      | 02/25/2019        | BK      |
| 4-903.11                                 | DISHES AND BAKING PANS NOT PROTECTED FROM CONTAMINATION, INVERT DISHES AND PANS  |                                     |                        |                                      | 02/25/2019        | BK      |
| 6-202.11A                                | UNSHIELDED BULBS IN KITCHEN  |                                     |                        |                                      | 02/25/2019        | BK      |
| 5-501.113                                | DUMPSTER LIDS ARE OPEN   |                                     |                        |                                      | 02/25/2019        | BK      |
| NRI                                      | NEXT ROUTINE INSPECTION  |                                     |                        |                                      |                   |         |
| COS                                      | CORRECTED ONSITE   |                                     |                        |                                      |                   |         |

EDUCATION PROVIDED OR COMMENTS

NRI= NEXT ROUTINE INSPECTION

|  |                                      |                         |   |
|--|--------------------------------------|-------------------------|---|
| Person in Charge /Title: <b>BRIANNA KIDWELL</b> <i>Brianna Kidwell</i> |                                      |                         | Date: <b>02/22/2019</b>   |
| Inspector: <i>Christoph Ober</i>                                       | Telephone No.<br><b>573-888-9008</b> | EPHS No.<br><b>1647</b> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: <b>03/01/2019</b> |