



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

| | | | |
|---------|------|----------|------|
| TIME IN | 1030 | TIME OUT | 1130 |
| 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: MI RANCHITO | OWNER: JESUS JASSO | PERSON IN CHARGE: Jesus Jasso |
| ADDRESS: 1730 FIRST STREET | COUNTY: 069 | |
| CITY/ZIP: KENNETT, MO 53857 | PHONE: 573-717-7070 | FAX: |
| ESTABLISHMENT TYPE | | P.H. PRIORITY: <input checked="checked" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. | <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN |
| <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="checked" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | SEWAGE DISPOSAL <input checked="checked" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="checked" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY |
| License No. NA | Date Sampled _____ | PRIVATE 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="checked" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="checked" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| | | | | <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="checked" type="checkbox"/> OUT | Management awareness; policy present | | | <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input checked="checked" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="checked" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | | | | <input checked="checked" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="checked" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="checked" type="checkbox"/> IN <input checked="checked" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="checked" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT N/O <input checked="checked" type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | | | | | Consumer Advisory | | |
| <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | Hands clean and properly washed | | | <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| <input checked="checked" type="checkbox"/> IN | Adequate handwashing facilities supplied & accessible | | | <input checked="checked" type="checkbox"/> OUT N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| | | | | | Chemical | | |
| <input checked="checked" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="checked" type="checkbox"/> OUT N/A | Food additives: approved and properly used | | |
| <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="checked" type="checkbox"/> IN <input checked="checked" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| <input checked="checked" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Compliance with Approved Procedures | | |
| <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT N/O <input checked="checked" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | | | | | The letter to the left of each item indicates that item's status at the time of the inspection. | | |
| <input checked="checked" type="checkbox"/> OUT N/A | Food separated and protected | | | <input checked="checked" type="checkbox"/> IN = in compliance | | <input type="checkbox"/> OUT = not in compliance | |
| <input checked="checked" type="checkbox"/> IN <input checked="checked" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | <input checked="checked" type="checkbox"/> N/A = not applicable | | <input checked="checked" type="checkbox"/> N/O = not observed | |
| <input checked="checked" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="checked" type="checkbox"/> N/A | 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 | Sell Food and Time | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|--|-----|---|-----|---|--|--|---|-----|---|
| <input checked="checked" type="checkbox"/> | | Pasteurized eggs used where required | | | <input checked="checked" type="checkbox"/> | | In-use utensils: properly stored | | |
| <input checked="checked" type="checkbox"/> | | Water and ice from approved source | | | <input checked="checked" type="checkbox"/> | | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | | | | <input checked="checked" type="checkbox"/> | | Single-use/single-service articles: properly stored, used | | |
| <input checked="checked" type="checkbox"/> | | Adequate equipment for temperature control | | | <input checked="checked" type="checkbox"/> | | Gloves used properly | | |
| <input checked="checked" type="checkbox"/> | | Approved thawing methods used | | | | | | | |
| <input checked="checked" type="checkbox"/> | | Thermometers provided and accurate | | | <input checked="checked" type="checkbox"/> | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | | | | | <input checked="checked" type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="checked" type="checkbox"/> | | Food properly labeled: original container | | | | <input checked="checked" type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | | | | | | | | |
| <input checked="checked" type="checkbox"/> | | Insects, rodents, and animals not present | | | <input checked="checked" type="checkbox"/> | | Hot and cold water available: adequate pressure | | |
| <input checked="checked" type="checkbox"/> | | Contamination prevented during food preparation, storage and display | | | <input checked="checked" type="checkbox"/> | | Plumbing installed: proper backflow devices | | |
| <input checked="checked" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="checked" type="checkbox"/> | | Sewage and wastewater properly disposed | | |
| <input checked="checked" type="checkbox"/> | | Wiping cloths: properly used and stored | | | <input checked="checked" type="checkbox"/> | | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="checked" type="checkbox"/> | | Fruits and vegetables washed before use | | | <input checked="checked" type="checkbox"/> | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="checked" type="checkbox"/> | <input checked="checked" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | |
|---------------------------|--------------------|-----------------|--|
| Person in Charge / Title: | Jesus Jasso | Date: | 04/11/2022 |
| Inspector: | | Telephone No. | 573-888-9008 |
| | | EPHS No. | 1647 |
| | | Follow-up: | <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: | 4/18/2022 |



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| | |
|--------------|---------------|
| TIME IN 1030 | TIME OUT 1130 |
| PAGE 2 of 2 | |

| | | | | | |
|--|--|-------------------------------------|------------------------|--|--------------|
| ESTABLISHMENT NAME MI RANCHITO | | ADDRESS 1730 FIRST STREET | | CITY / ZIP KENNETT, MO 53857 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| IDylis | | -5 | WALK IN COOLER | | 39 |
| DICED TOMATOES/PREP COOLER | | 40 | | | |
| LETTUCE | | 39 | | | |
| DR PEPPER COOLER | | 37 | | | |

| 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. | Corrected by (date) | Initial |
|----------------|---|---------------------|---------|
| 3-501.17 | Multiple items in walk in cooler not dated, shall be dated with 7 day discard date | 4/18/22 | JJ |
| 7-102.11 | Unlabeled spray bottle on 3 vat sink, if not in original container must be labeled | 4/18/22 | JJ |
| 4-703.11 | Dishwasher not sanitizing, use 3 vat sink until dishwasher has been corrected | 4/18/22 | JJ |
| 4-601.11A | Missing vent filters for vent hood and there is heavy grease buildup | 4/18/22 | JJ |
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| Code Reference | CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated. | Corrected by (date) | Initial |
|----------------|---|---------------------|---------|
| 5-205.11A | Kitchen hand sink blocked with cooking utensils, sink is for handwashing only | 4/18/22 | JJ |
| 6-301.12 | No papertowels at kitchen handsink | 4/18/22 | JJ |
| 4-601.11C | Deli prep cooler soiled with food and debris | 4/18/22 | JJ |
| 6-501.12A | Floors in kitchen and undershelves soiled with food and debris | 4/18/22 | JJ |
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NRI NEXT ROUTINE INSPECTION
 COS CORRECTED ONSITE

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **Jesus Jasso** Date: **04/11/2022**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: **4/18/2022**