



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

TIME IN 1000	TIME OUT 1200
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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: MI RANCHITO		OWNER: JESUS JASSO		PERSON IN CHARGE:	
ADDRESS: 1730 FIRST STREET				COUNTY: 069	
CITY/ZIP: KENNETT, MO 53857		PHONE: 573-717-7070		FAX:	
ESTABLISHMENT TYPE <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 <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 <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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. NA					

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			<input checked="" type="checkbox"/>	OUT N/O N/A Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/>	IN OUT N/A Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT Management awareness; policy present			<input checked="" type="checkbox"/>	IN OUT 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		
	Good Hygienic Practices			<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			<input checked="" type="checkbox"/>	OUT N/O N/A Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT N/O No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	IN OUT N/O Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/>	IN N/O Hands clean and properly washed			<input checked="" type="checkbox"/>	IN OUT Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	IN N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/>	IN N/O Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT N/O N/A Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/>	OUT Food obtained from approved source			<input checked="" type="checkbox"/>	OUT N/A Food additives: approved and properly used		
<input checked="" type="checkbox"/>	IN OUT N/A Food received at proper temperature			<input checked="" type="checkbox"/>	IN Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/>	IN OUT N/O Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	IN OUT Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination				The letter to the left of each item indicates that item's status at the time of the inspection.		
<input checked="" type="checkbox"/>	IN N/A Food separated and protected				IN = in compliance		
<input checked="" type="checkbox"/>	IN N/A Food-contact surfaces cleaned & sanitized				N/A = not applicable		
<input checked="" type="checkbox"/>	IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food				OUT = not in compliance		
					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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: _____				Date: 04/14/2023			
Inspector: _____		Telephone No. 573-888-9008		EPHS No. 1647		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 4/20/2023	



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ESTABLISHMENT NAME MI RANCHITO	ADDRESS 1730 FIRST STREET	CITY / ZIP KENNETT, MO 53857
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Tomatoes/Ice	37	\	
Shrimp/Ice	38		
Prep Cooler	38		
Walk in Coolerq	39		

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
3-301.11B	Observed waiter cutting lemons and not using gloves, shall use gloves when handling ready to eat foods.	4/20/23	DT
4-601.11A	Can opener soiled with food and debris,	4/20/23	DT
4-601.11A	Cutting board heavily scared on prep table, repair or replace	4/20/23	DT
3-304.14	Kitchen staff washed gloves while wearing them, gloves are single use	4/20/23	DT
7-102.11	Unlabeled spray bottle on waitress cart, if not in original container shall be labeled	4/20/23	DT
7-207.11	Personal medicine next to food and dishes	4/20/23	DT
7-201.11	Heavy duty grease remover stored on shelving next to onions	4/20/23	DT
4-601.11A	Grease build on vent hood, clean	4/20/23	DT

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
3-304.14	Wiping cloths laying on countertops, shall be placed in sanitizer when not in use	4/20/23	DT
6-501.11	Missing vent filters for vent hood	4/20/23	DT
5-205.11B	Knives laying in kitchen handsink, sink is for handwashing only	4/20/23	DT
5-205.11B	Spoons laying in waitress handsink, sink is for handwashing only	4/20/23	DT
3-302.12	Unlabeled bulk dry goods, if not in original container shall be labeled	4/20/23	DT
4-601.11C	Shelving holding microwave soiled with dust and debris, clean	4/20/23	DT

NRI NEXT ROUTINE INSPECTION
 COS CORRECTED ONSITE

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	Date: 04/14/2023
Inspector:	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No. 573-888-9008	Follow-up Date: 4/20/2023
EPHS No. 1647	