



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

TIME IN 1330	TIME OUT 1545
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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: LAS BRISAS	OWNER: GUSTABO MARQUEZ	PERSON IN CHARGE: GUSTABO MARQUEZ
ADDRESS: 1210 N DOUGLASS	COUNTY: 069	
CITY/ZIP: MALDEN, MO 63863	PHONE: 573-276-6666	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		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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	
License No. NA	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 _____

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		
Employee Health							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		<input checked="" type="checkbox"/>
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/> 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)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
IN <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			Pasteurized foods used, prohibited foods not offered		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Chemical		
Protection from Contamination							
IN <input checked="" type="checkbox"/> N/A	Food separated and protected				Food additives: approved and properly used		
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized				Toxic substances properly identified, stored and used		
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food				Conformance 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							

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"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
	<input checked="" type="checkbox"/>	Approved thawing methods used					Gloves used properly		
	<input checked="" type="checkbox"/>	Thermometers provided and accurate				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
Food Identification									
	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Prevention of Food Contamination									
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Physical Facilities		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
					<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
					<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge /Title: GUSTABO MARQUEZ <i>GUSTAVO M</i>	Date: 02/13/2019
Inspector: <i>Chambers P. ...</i>	Telephone No. 573-888-9008
EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 02/18/2019



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ESTABLISHMENT NAME LAS BRISAS		ADDRESS 1210 N DOUGLASS		CITY /ZIP MALDEN, MO 63863	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
HAM/BLUE AIR COOLER		37	QUESO/HOT HOLD		160
CUT TOMATOES/ON COUNTER		64	REAR BLUE AIR COOLER		40
LETTUCE/PREP COOLER		41	WALK IN COOLER		37
HAMBURGER/ HOT HOLD		158	REAR WALK IN COOLER		36
RICE/HOT HOLD		150			

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
3-302.11A4	MULIPLE ITEMS IN WALK IN COOLER UNCOVERED WITH THE RISK OF CROSS CONTAMINATION	02/16/2019	GM
3-701.11	DICED TOMATOES OBSERVED AT A TEMP OF 64 DEGREES, VOLUNTARILY DISCARDED	COS	GM
4-101.11	OBSERVED SPICES AND DRY GOODS IN NON FOOD GRADE MATERAIL	02/16/19	GM
3-501.17	MULTIPLE READY TO EAT FOODS IN THE WALK IN COOLER NOT DATE (DICED TOMATOES, CUT ONION, CUT LET , CHICKEN FAJITA MIX AND MORE)	02/16/2019	GM
4-601.11A	2 ICE MAKERS (BOTH ICE MAKERS BAFFLES AND WALLS SOILED WITH RESIDUE, CLEAN AND SANITZE	02/16/2019	GM
4-601.11A	VENT HOOD SOILED WITH BUILD UP, CLEAN AND SANITIZE	02/16/2019	GM
3-202.11	RAW BACON IN PREP COOLER HANGING OVER INTO PINAPPLES, VOLANTARILY DISCARDED	COS	GM

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
3-501.13	OBSERVED FISH AND SHRIMP IN BUCKETS OF WATER THAWING, USE APPROVED THAWING METHC	02/16/2019	GM
5-205.11A	JUG IN HANDWASHING SINK, FOR HANDWASHING ONLY	02/16/2019	GM
4-602.13	TORN ALUMINUM FOIL COVERING SHELVES IN KITCHEN, SURFACE MUST BE CLEAN, SMOOTH AND EASIBLY C	02/16/2019	GM
3-302.12	DRY GOODS NOT LABELED EXAMPLE (SALT, SUGAR, FLOUR)	02/16/2019	GM
4-903.11	DISHES NOT STORED INVERTED, MUST PROTECT FROM CONTAMINATION	02/16/2019	GM
4-204.12	THERMOMETERS MISSING FROM ALL THREE PREP COOLERS	02/16/2019	GM

COS	CORRECTED ONSITE		
NRI	NEXT ROUTINE INSPECTION		

EDUCATION PROVIDED OR COMMENTS
 DISCUSSED WITH MANAGMENT (IF THERE IS ANY MODIFICATIONS TO 3VAT SINK AND AIR GAP MUST BE PLACED)

Person in Charge /Title: GUSTABO MARQUEZ <i>GUSTAVO M</i>		Date: 02/13/2019	
Inspector: <i>Christopher D. Presko</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 02/18/2019