



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

TIME IN 930 TIME OUT 1100
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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: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT Approved Disapproved
SEWAGE DISPOSAL PUBLIC PRIVATE
WATER SUPPLY COMMUNITY NON-COMMUNITY Date Sampled _____ PRIVATE 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			IN	OUT	<input checked="" type="checkbox"/>	N/A	Proper cooking, time and temperature
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A	Proper reheating procedures for hot holding
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A	Proper cooling time and temperatures
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper hot holding temperatures
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A	N/A	Proper cold holding temperatures
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	N/A	Proper date marking and disposition
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>	Time as a public health control (procedures / records)
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>		Consumer advisory provided for raw or undercooked food
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A	N/A	Food additives: approved and properly used
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT			Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT			Compliance with approved Specialized Process and HACCP plan
<input checked="" type="checkbox"/>	OUT	N/A		The letter to the left of each item indicates that item's status at the time of the inspection.				
<input checked="" type="checkbox"/>	OUT	N/A		IN = in compliance OUT = not in compliance				
IN	OUT	<input checked="" type="checkbox"/>		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		
<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			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Hot and cold water available: adequate pressure		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	X	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	X	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<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** Date: **03/03/2022**
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: **3/10/2022**

