



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

TIME IN 1315 TIME OUT 1530  
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>Los Amigos</b>   |                               | OWNER:<br><b>Juan Hernandez</b>  | PERSON IN CHARGE:<br><b>Abigail Ortega</b>   |
| ADDRESS:<br><b>805 Providence Rd</b>   |                               | COUNTY:<br><b>069</b>  |  |
| CITY/ZIP:<br><b>Kennett, MO 63857</b>  | PHONE:<br><b>573-888-0335</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 checked="" 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 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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE |  |
| WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY   |                               | <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____                           |  |
| License No. <u>NA</u>  |                               |  |  |

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  |     |   | IN OUT <input checked="" type="checkbox"/> N/A  | Proper cooling time and temperatures                        |     |   |
| Good Hygienic Practices                            |   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N/O        | Proper eating, tasting, drinking or tobacco use   |     |   | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures                             |     |   |
| <input checked="" type="checkbox"/> OUT N/O        | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cold holding temperatures                            |     |   |
| Preventing Contamination by Hands                  |   |     |   |   |   |     |   |
| IN OUT <input checked="" type="checkbox"/> N/A     | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/> N/A  | 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                              |     |   |
| <input checked="" type="checkbox"/> OUT            | Food in good condition, safe and unadulterated  |     |   |   | Pasteurized foods used, prohibited foods not offered        |     |   |
| IN OUT N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   | IN OUT <input checked="" type="checkbox"/> N/A  | Chemical  |     |   |
| Protection from Contamination                      |   |     |   |   |   |     |   |
| IN <input checked="" type="checkbox"/> OUT N/A     | Food separated and protected  |     |   |   | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT N/A        | Food-contact surfaces cleaned & sanitized   |     |   |   | Toxic substances properly identified, stored and used       |     |   |
| IN OUT <input checked="" type="checkbox"/> N/A     | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   | Conformance with Approved Procedures                        |     |   |
|  |   |     |   |   | 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.  
 IN = in compliance  
 N/A = not applicable  
 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 |
|----------------------------------|-----|---|-----|---|----|-----|---|-----|---|
| 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                       |     |   |
| Food Temperature Control         |     |   |     |   |    |     |   |     |   |
| X                                |     | Adequate equipment for temperature control  |     |   | X  |     | Single-use/single-service articles: properly stored, used                             |     |   |
| X                                |     | Approved thawing methods used   |     |   | X  |     | Gloves used properly  |     |   |
| X                                |     | Thermometers provided and accurate  |     |   | X  |     | Utensils, Equipment and Vending   |     |   |
| Food Identification              |     |   |     |   |    |     |   |     |   |
|                                  |     |   |     |   |    | X   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| X                                |     | Food properly labeled; original container   |     |   |    | X   | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| Prevention of Food Contamination |     |   |     |   |    |     |   |     |   |
| X                                |     | Insects, rodents, and animals not present   |     |   | X  |     | Nonfood-contact surfaces clean  |     |   |
|                                  | X   | Contamination prevented during food preparation, storage and display                | X   |   |    | X   | Physical Facilities   |     |   |
| X                                |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   |    | X   | Hot and cold water available; adequate pressure                                       |     |   |
| X                                |     | Wiping cloths: properly used and stored   |     |   |    | X   | Plumbing installed; proper backflow devices   |     |   |
| X                                |     | Fruits and vegetables washed before use   |     |   |    | X   | Sewage and wastewater properly disposed   |     |   |
|                                  |     |   |     |   |    | X   | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|                                  |     |   |     |   |    | X   | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                  |     |   |     |   |    | X   | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                                   |                      |  |  |  |
|--|-----------------------------------|----------------------|--|--|--|
| Person in Charge /Title: <b>Abigail Ortega</b> |                                   |                      | Date: <b>03-21-2019</b>  |  |  |
| Inspector: <i>Christopher D Proster</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>04/25/2019</b>  |  |  |

*D. Hoffman*



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|--------------|---------------|
| TIME IN 1315 | TIME OUT 1530 |
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|                                     |   |                              |                        |                                 |                            |         |
|-------------------------------------|---|------------------------------|------------------------|---------------------------------|----------------------------|---------|
| ESTABLISHMENT NAME<br>Los Amigos    |   | ADDRESS<br>805 Providence Rd |                        | CITY / ZIP<br>Kennett, MO 63857 |                            |         |
| FOOD PRODUCT/LOCATION               |   | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION |                                 | TEMP. in ° F               |         |
| Migali Double Door Cooler           |   | 46                           | Front Prep Cooler      |                                 | 39                         |         |
| Coke Double Door                    |   | 39                           |                        |                                 |                            |         |
| Whirlpool Refrigerator              |   | 37                           |                        |                                 |                            |         |
| Diced Tomatoes/Kitchen Prep Cooler  |   | 39                           |                        |                                 |                            |         |
| Sliced Tomatoes/Kitchen Prep Cooler |   | 40                           |                        |                                 |                            |         |
| <b>PRIORITY ITEMS</b>               |   |                              |                        |                                 |                            |         |
| Code Reference                      | 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 |
| 3-302.11a1b                         | Eggs above ready to eat food  |                              |                        |                                 | COS                        | AO      |
| 5-202.11a                           | Third Bay compartment sink lacks water supply   |                              |                        |                                 | 04/25/2019                 | AO      |
| 4-601.11a                           | Vent hood soiled with heavy grease build up   |                              |                        |                                 | 04/25/2019                 | AO      |
| <b>CORE ITEMS</b>                   |   |                              |                        |                                 |                            |         |
| Code Reference                      | 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 |
| 6-202.15                            | Doors not properly sealed, daylight showing   |                              |                        |                                 | 04/25/2019                 | AO      |
| 6-202.15                            | Kitchen Outer Exhaust fan not properly sealed   |                              |                        |                                 | COS <sup>CP</sup> 04/25/19 | AO      |
| 4-601.11c                           | Bug Fragments in bottom of coolers  |                              |                        |                                 | 04/25/19                   | AO      |
| 6-501.11                            | Water damage to areas of the ceiling in kitchen   |                              |                        |                                 | COS <sup>CP</sup> 04/25/19 | AO      |

EDUCATION PROVIDED OR COMMENTS  
 Shielded light bulbs must have end caps

|   |                            |               |  |                            |  |
|---|----------------------------|---------------|--|----------------------------|--|
| Person in Charge /Title: Abigail Ortega |                            |               | Date: 03-21-2019   |                            |  |
| Inspector: Christopher Proslor          | Telephone No. 573-888-9008 | EPHS No. 1647 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up Date: 04/25/2019 |  |

Danzon 1126