



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

TIME IN 1100 TIME OUT 1215
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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: Cesar Marquez	
ADDRESS: 1210 N DOUGLASS				COUNTY: 069	
CITY/ZIP: MALDEN, MO 63863		PHONE: 573-276-6666		FAX:	
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L					
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 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 type="checkbox"/> Routine <input checked="" 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			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT	N/O	N/A
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A	
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT		
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	OUT	N/A					
<input checked="" type="checkbox"/>	OUT	N/A					
IN	OUT	<input checked="" type="checkbox"/>					

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
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		
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		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		
X		Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
X		Contamination prevented during food preparation, storage and display			X		Hot and cold water available; adequate pressure		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Plumbing installed; proper backflow devices		
X	X	Wiping cloths: properly used and stored			X		Sewage and wastewater properly disposed		
X		Fruits and vegetables washed before use			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: **Cesar Marquez** *Andres Hernandez* *Lucas* Date: **01/21/2021**

Inspector: *Chapman* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____



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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
Rear Left Walk in Cooler		38	Lettuce		41
Rear Right Walk in Cooler		38	Kitchen Prep Cooler		40
Frigidaire		40	Blue Air		36
Ground Beef		161	Walk in cooler		36
Peco		40	Chicken Fajitas/Warmer		149

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

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.	Corrected By (date)	Initial
3-304.14	Repeat: Wiping clothes not stored in sanitizer	NRI	
COS	CORRECTED ONSITE		
NRI	NEXT ROUTINE INSPECTION		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **Cesar Marquez** *Andres Hernandez Lucas* Date: **01/21/2021**

Inspector: *Cheryl* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____