



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

TIME IN 930 TIME OUT 1100  
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: <b>Marimar Mexican Mobile</b>		OWNER: <b>Miguel Esquivel</b>		PERSON IN CHARGE: <b>Miguel Esquivel</b>	
ADDRESS: <b>107 W Commercial Street</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>Senath, MO 63876</b>		PHONE: <b>573-344 0948</b>	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 checked="" 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 checked="" type="checkbox"/> Pre-opening <input 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"/>	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Management awareness: policy present			IN	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper use of re-opening, restriction and exclusion			IN	Proper hot holding temperatures		
	Good Hygienic Practices			OUT	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/>	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			OUT	Pasteurized foods used, prohibited foods not offered		
	Approved Source			OUT	Food additives: approved and properly used		
IN	Food obtained from approved source			OUT	Toxic substances properly identified, stored and used		
IN	Food received at proper temperature				Compliance with Approved Procedures		
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			IN	Compliance with approved Specialized Process and HACCP plan		
	Required records available: shellstock tags, parasite destruction						
	Protection from Contamination						
<input checked="" type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

Person in Charge / Title: <b>Miguel Esquivel</b> <i>MIGUEL ESQUIVEL</i>			Date: <b>03/29/2021</b>		
Inspector: <i>[Signature]</i>		Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Follow-up Date: _____					

