



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

TIME IN	1300	TIME OUT	1400
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: Tienda Y Taqueria La Chaparrita		OWNER: Carla Martinez	PERSON IN CHARGE: Carla Martinez	
ADDRESS: 902 Independence Ave		COUNTY: Dunklin		
CITY/ZIP: Kennett, MO 63857	PHONE: 573-919-5006	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		
License No. _____		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY 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			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness, policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Food Hygiene Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Prevention of Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> N/A	Food obtained from approved source			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> N/A	Food received at proper temperature				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> N/A	Food in good condition, safe, and unadulterated			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction						
	Protection from Contamination						
<input checked="" type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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 PRACTICES

IN	OUT	Good Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.	COS	R
	<input checked="" type="checkbox"/>	Pasteurized foods used where required		
<input checked="" type="checkbox"/>		Water and ice from approved source		
		Food Temperature Control		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control		
<input checked="" type="checkbox"/>		Approved thawing methods used		
<input checked="" type="checkbox"/>		Thermometers provided and accurate		
		Food Identification		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container		
		Prevention of Food Contamination		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use		
		Physical Facilities		
		In-use utensils: properly stored		
		Utensils, equipment and linens: properly stored, dried, handled		
		Single-use/single-service articles: properly stored, used		
		Gloves used properly		
		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Warewashing facilities: installed, maintained, used; test strips used		
		Nonfood-contact surfaces clean		
		Hot and cold water available: adequate pressure		
		Plumbing installed; proper backflow devices		
		Sewage and wastewater properly disposed		
		Toilet facilities: properly constructed, supplied, cleaned		
		Garbage/refuse properly disposed; facilities maintained		
		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Carla Martinez		Date: 7/27/2021
Inspector: Charles D. Smith	Telephone No. 573-888-9008	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	EPHS No. 1647	Follow-up Date: _____

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TIME IN 1300	TIME OUT 1400
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