



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

TIME IN	1300	TIME OUT	1500
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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: 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 WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. _____			

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	N/A	Proper cooking, time and temperature		
		Employee Health			IN	OUT	N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present			IN	OUT	N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			IN	OUT	N/A	Proper hot holding temperatures		
		Good Hygienic Practices			<input checked="" type="checkbox"/>	OUT	N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O			<input checked="" type="checkbox"/>	OUT	N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O			IN	OUT	N/O	Time as a public health control (procedures / records)		
		Prevention of Contamination by Humans						Consumer Advisory		
<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						Highly Susceptible Populations		
IN	<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source						Chemical		
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	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		
IN	<input checked="" type="checkbox"/>	OUT						Compliance with Approved Procedures		
IN	OUT	N/O	<input checked="" type="checkbox"/>		IN	OUT	<input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination			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					
IN	<input checked="" type="checkbox"/>	N/A								
IN	<input checked="" type="checkbox"/>	N/A								
IN	OUT	<input checked="" type="checkbox"/>								

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

Person in Charge / Title: Carla Martinez		Date: 06/15/2022	
Inspector: [Signature]	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: 6/22/22	



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