



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

TIME IN 1000 TIME OUT 1130
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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: Marimar Mexican Restaurant		OWNER: Miguel Esquivel		PERSON IN CHARGE: Miguel Esquivel	
ADDRESS: 107 W Commercial Street				COUNTY: 069	
CITY/ZIP: Senath, MO 63876		PHONE: 573-344 0948		FAX:	
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" 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"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O	<input checked="" type="checkbox"/>		
		Employee Health				IN	OUT	N/O	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				IN	OUT	N/O	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	OUT	N/O	N/A		
		Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT	N/O	N/A		
<input checked="" type="checkbox"/>	OUT	N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	N/O	N/A		
<input checked="" type="checkbox"/>	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	<input checked="" type="checkbox"/>		
		Preventing Contamination by Hands									
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed			IN	OUT		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed								
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/O	N/A		
		Approved Source									
<input checked="" type="checkbox"/>	OUT		Food obtained from approved source			<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		Food received at proper temperature								
<input checked="" type="checkbox"/>	OUT		Food in good condition, safe and unadulterated								
IN	OUT	N/O	<input checked="" type="checkbox"/>			IN	OUT	<input checked="" type="checkbox"/>			
		Required records available: shellstock tags, parasite destruction									
		Protection from Contamination									
<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected			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					
<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									

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
<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						Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<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: Miguel Esquivel			Date: 03/19/2024		
Inspector: <i>[Signature]</i>		Telephone No. 573-888-9008		EPHS No. 1647	
		Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: _____	

