



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

TIME IN 10:00 am	TIME OUT 11:15 am
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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: ELMEXICANO	OWNER: ARMANDO GONZALEZ	PERSON IN CHARGE: ARMANDO
ADDRESS: 407 EAST SOUTH STREET		COUNTY: STODDARD
CITY/ZIP: ADVANCE 63730	PHONE: 722-3707	FAX:
ESTABLISHMENT TYPE		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

<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"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> MOBILE VENDORS

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____
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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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source				Chemical			
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	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 OUT N/A	Food separated and protected			IN = in compliance OUT = not in compliance			
IN OUT N/A	Food-contact surfaces cleaned & sanitized			N/A = not applicable N/O = not observed			
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			COS = Corrected On Site R = Repeat Item			

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

Person in Charge / Title: Armando Gonzalez	Date: 7-25-18		
Inspector: William A. Brandel	Telephone No. 573-528-4593	EPHS No. 1582	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Date:			



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ESTABLISHMENT NAME EL MEXICANO		ADDRESS 407 EAST SOUTH STREET		CITY ADVANCE	ZIP 63730
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
COLD HOLD		38°			
SALSA FRIDGE		36°			
REFRIGERATOR		39°			
LARGE FRIDGE 3 DOOR		37°			
COLD HOLD COOK AREA		38°			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	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.		
	NO PRIORITY ITEMS OBSERVED DURING INSPECTION		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	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.		
6-201.11	RAW DRY WALL AROUND STAFF BATHROOM NEEDS TO BE FINISHED, SEALED TO BE NON-POUROUS, SMOOTH, EASILY CLEANABLE (PAINT)		
6-201.11	BATHROOM IN BAR ROOM, DOOR & JAM RAW WOOD NEEDS TO BE SEALED TO BE A NON-POUROUS, SMOOTH, EASILY CLEANED SURFACE - (PAINT, URETHANE)		
5-501.17	STAFF BATHROOM MUST HAVE A COVERED TRASH CAN IN KITCHEN		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Armando Sorel Date: 7-25-18
 Inspector: William A. Brandel Telephone No. 573-568-4593 EPHS No. 1582
 Follow-up: Yes No
 Follow-up Date: _____