



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

TIME IN: 11:00AM TIME OUT: 11:50AM  
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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: <b>ELCABRITO</b>		OWNER: <b>RODOLFO LARA</b>		PERSON IN CHARGE: <b>ANTONIO FINO</b>	
ADDRESS: <b>208 BUSINESS 60</b>				COUNTY: <b>STODDARD</b>	
CITY/ZIP: <b>DEXTER 63841</b>		PHONE: <b>614-4205</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"/> 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 <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 <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 _____	

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

Person in Charge / Title: <b>ANTONIO FINO</b>			Date: <b>2/15/19</b>		
Inspector: <b>WILLIAM A. BRANDEZ</b>	Telephone No. <b>568-4593</b>	EPHS No. <b>1582</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: <b>2-19-19</b>	



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ESTABLISHMENT NAME <b>EL CABRITO</b>		ADDRESS <b>208 BUSINESS 60</b>		CITY <b>DEXTER</b>	ZIP <b>63841</b>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<del>GLASS FRONT REF</del>		<del>35°</del>	/		
<del>WHITE REF - NO THERM</del>					
<del>BLACK REF</del>		<del>34°</del>			
<del>WALK IN COOLER</del>		<del>35°</del>			

Code Reference	PRIORITY ITEMS 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.	Correct by (date)	Initial
3-302.11	EGGS ABOVE SALSA/PEPPERS IN WALK IN COOLER * EGGS/CHICKEN MUST BE BELOW READY TO EAT	2-05	
4.101.11	RICE/BEANS IN TRASH CANS - MUST BE IN FOOD GRADE CONTAINERS	2-19-19	
	TACO SHELLS IN "SHOE BOX" TYPE CONTAINERS - MUST BE FOOD GRADE CONTAINERS	2-19-19	
	SALAD SHELLS IN STORAGE TOTE - - MUST BE FOOD GRADE CONTAINER	2-19-19	
3-201.11	BULK GARLIC, SPICES, BEANS, RICE NOT LABELLED - ALL BULK CONTAINERS MUST BE LABELLED	05	
3-101.11	BADLY DENTED CANS ON RACK - DISCUSSED W/ KENT TO REMOVE	05	
4-601.11A	MOLD ON ICE MAKER BAFFLE - CLEAN & SANITIZE 3-4 TIMES PER WEEK - AS NEEDED	2-19-19	

Code Reference	CORE ITEMS 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.	Correct by (date)	Initial
4.204.112	NO THERMOMETER IN WHITE REFRIGERATOR BY ICE MAKER		
3-302.11A4	CHIPS, SHELLS UNCOVERED - KEEP COVERED TO PROTECT FROM CONTAMINATION		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **ANTONIO FINO**      Date: **2/15/19**

Inspector: **WILLIAM A. BRANDELL**      Telephone No. **563-4593**      EPHS No. **1582**      Follow-up:  Yes     No

Follow-up Date: **2-19-19**