



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

TIME IN: 12:00 TIME OUT: 12:40
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: <u>El-Tah Oaxaca</u>		OWNER: <u>Alberto Salinas</u>		PERSON IN CHARGE: <u>William Bojcz</u>	
ADDRESS: <u>207 Springfield RD</u>				COUNTY: <u>Douglas</u>	
CITY/ZIP: <u>Avila MO 65608</u>		PHONE: <u>417-683-1212</u>	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/A	Proper cooking, time and temperature		
		Employee Health				IN	OUT	N/A	Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present				IN	OUT	N/A	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	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/A	Proper date marking and disposition		
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	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					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/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source				IN	OUT	N/A	Chemical		
IN	OUT		Food obtained from approved source			IN	OUT		Food additives: approved and properly used		
IN	OUT	N/O	N/A			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			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 = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
IN	OUT	N/A	Food separated and protected								
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	N/O	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
✓		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			
✓		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			
✓		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			
✓		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			
N/A						✓		Physical facilities installed, maintained, and clean			

Person in Charge /Title: <u>[Signature]</u>			Date: <u>3/12/26</u>		
Inspector: <u>Kenny R. [Signature]</u>	Telephone No. <u>417-683-4174</u>	EPHS No. <u>19109</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: <u>3/26/26</u>	

