



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

TIME IN	TIME OUT
	2:00
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>Chaparritos</u>		OWNER: <u>Melvin Miller</u>	PERSON IN CHARGE: <u>Danielle Jones</u>	
ADDRESS: <u>800 S. Jefferson Ave</u>		COUNTY: <u>Douglas</u>		
CITY/ZIP: <u>AVA MO 65608</u>	PHONE:	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 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 <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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
IN	Employee Health			IN	Proper reheating procedures for hot holding		
OUT	Management awareness; policy present			OUT	Proper cooling time and temperatures		
OUT	Proper use of reporting, restriction and exclusion			OUT	Proper hot holding temperatures		
IN	Good Hygienic Practices			OUT	Proper cold holding temperatures		
OUT	Proper eating, tasting, drinking or tobacco use			OUT	Proper date marking and disposition		
OUT	No discharge from eyes, nose and mouth			OUT	Time as a public health control (procedures / records)		
IN	Preventing Contamination by Hands			IN	Consumer Advisory		
OUT	Hands clean and properly washed			OUT	Consumer advisory provided for raw or undercooked food		
OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	Highly Susceptible Populations		
OUT	Adequate handwashing facilities supplied & accessible			OUT	Pasteurized foods used, prohibited foods not offered		
IN	Approved Source			IN	Chemical		
OUT	Food obtained from approved source			OUT	Food additives: approved and properly used		
OUT	Food received at proper temperature			OUT	Toxic substances properly identified, stored and used		
OUT	Food in good condition, safe and unadulterated			IN	Conformance with Approved Procedures		
OUT	Required records available: shellstock tags, parasite destruction			OUT	Compliance with approved Specialized Process and HACCP plan		
IN	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 N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item			
OUT	Food separated and protected						
OUT	Food-contact surfaces cleaned & sanitized						
OUT	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/O					✓		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Danielle Jones</u>		Date: <u>6/24/25</u>	
Inspector: <u>Kenny Fleetwood</u>	Telephone No. <u>417-683-4174</u>	EPHS No. <u>1969</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: <u>7/10/25</u>	



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TIME IN 1:25	TIME OUT 2:00
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ESTABLISHMENT NAME <i>Chaparritos</i>		ADDRESS <i>800 S Jefferson Ave</i>		CITY <i>Avila MO</i>	ZIP <i>65608</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Ground Beef</i>		<i>173.5</i>			
<i>Beans</i>		<i>166.3</i>			

[illegible][illegible]

## EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <u>Danielle Jones Danielle Jones</u>				Date: <u>6/24/25</u>
Inspector: <u>Kenny Electrowald</u>	Telephone No. <u>412-683-4141</u>	EPHS No. <u>1969</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: <u>7/10/25</u>