



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

| | | | |
|---------|----------------|----------|---------|
| TIME IN | 10:46 am | TIME OUT | 1:08 am |
| DATE | August 7, 2017 | PAGE | 1 of 3 |

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: La Pachanga | | OWNER: Rafaela Bonales | | PERSON IN CHARGE: Rafaela Bonales | |
| ADDRESS: 20 Northwood | | | ESTABLISHMENT NUMBER: 4715 | | COUNTY: St. Francois |
| CITY/ZIP: Bonne Terre 63628 | | PHONE: (573)358-8870 | | FAX: (573)358-8973 | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____ | | | | | |
| ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS | | | | | |
| FROZEN DESSERT <input checked="" 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 |
|--|---|-------------------------------------|---|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | IN <input checked="" type="checkbox"/> OUT N/O N/A | Proper reheating procedures for hot holding | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | IN <input checked="" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN <input checked="" type="checkbox"/> OUT N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN <input checked="" type="checkbox"/> OUT N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| IN <input checked="" type="checkbox"/> | Adequate handwashing facilities supplied & accessible | | | IN <input checked="" type="checkbox"/> OUT N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | IN <input checked="" type="checkbox"/> OUT N/A | Food additives: approved and properly used | | |
| IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | IN <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| IN <input checked="" type="checkbox"/> OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | IN <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N/A | Food separated and protected | <input checked="" type="checkbox"/> | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN <input checked="" type="checkbox"/> 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 |
|-------------------------------------|-------------------------------------|---|-----|---|-------------------------------------|-------------------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

| | | | | | |
|---|--|-----------------|--|--|---------------|
| Person in Charge /Title: <i>Rafaela Bonales</i> | | Rafaela Bonales | | Date: August 7, 2017 | |
| Inspector: <i>Rose Mier</i> | | Rose Mier | | Telephone No. (573)431-1947 | EPHS No. 1390 |
| | | | | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Follow-up Date: August 9, 2017 | |



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|--|--|-------------------------|---|--------------------------------|--------------|
| ESTABLISHMENT NAME La Pachanga | | ADDRESS 20 Northwood | | CITY /ZIP Bonne Terre 63628 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Hisense cooler, ambient (beverage area) | | 39 | Keg cooler: ambient, milk | | 35, 39 |
| Cold hold prep table, bottom (empty), ambier | | 48 | Holiday chest freezers, ambient | | 0, 0, 0 |
| | | | Food reheated for hot holding: refried beans, cheese sauc | | 145, 133 |
| | | | Food reheated for hot holding: taco meat, chicken soup | | 113-130, 153 |
| | | | Cold hold prep table, top: lettuce, tomatoes, s. cream | | 42, 41, 41 |

| 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 |
|----------------|--|-------------------|---------|
| 4-601.11A | BEVERAGE PREPARATION AREA Red, plastic chip baskets, stored next to the chip dispenser, were soiled. According to staff, the baskets are lined with deli tissue before dispensing chips, but not cleaned between customers. Please wash, rinse, and sanitize the baskets after each use. COS by cleaning and sanitizing baskets and discussion with owner. | COS | R.B |
| 4-601.11A | Debris (possibly mold) observed on the inside of the dispensing nozzles of the soda machine. Food contact surfaces shall be clean to sight and touch. Please wash (scrub with brush), rinse, sanitize, and air dry soda nozzles at least daily. | 8/7/17 | |
| 3-403.11A | KITCHEN Food (cheese sauce, refried beans, taco meat, chicken soup) reheated for hot holding were not heated to 165F. Food that is fully cooked and reheated for hot holding shall be rapidly heated to 165F for 15 seconds. All parts of the food shall reach 165F. Please use an accurate cook's thermometer to verify food is reheated to correct temperatures. NOTE: the thermometer will be replaced by tomorrow. COS by reheating the foods to 165F or higher. | COS | |
| 3-501.16A | The ambient temperature in the bottom of the prep cooler was 48F. The food in the top of the cooler was at 41F or lower; there was no food in the bottom of the cooler. NOTE: owner lowered thermostat of unit. Final temperature was 48F. Please have unit repaired and do not store PHF in bottom of unit; check temperatures of food held in the top at least every four hours to ensure it stays 41F or lower. | 8/8/17 | |
| 4-601.11A | The plastic "drawers" and drawer holder that contained spices, located beneath the SS table, were dirty on all surfaces. Please wash, rinse, and sanitize spice holder as often as needed to keep clean. | 8/8/17 | |
| 3-302.11A | Raw meat was stored above beer in the walk-in cooler. Raw animal-derived foods shall be stored separately from or below all other foods. COS by moving beer. | COS | |

| 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 |
|----------------|--|-------------------|---------|
| 4-901.11A | BEVERAGE PREPARATION AREA Pepsi glasses, stored by the soda dispenser, were inverted on trays. The glasses were wet inside. Equipment and utensils shall be air dried before storing. Please allow complete air drying prior to placing inverted on the trays. | 8/7/17 | R.B |
| 3-304.12B | An ice scoop, stored in the ice bin of the soda dispenser, was stored horizontally so the handle was near contact with the ice. Handles of in-use utensils shall be stored vertically, with the handle above the surface of the food, to prevent touching ice with hands when retrieving scoop. Please store with handle up. | 8/7/17 | |
| 4-903.11A | Debris was observed inside a glass holding spoons on top of the keg cooler. Clean equipment shall be protected while in storage. Please clean and sanitizer spoon holder at least daily. | 8/7/17 | |
| 4-903.11A | Debris observed on the shelves holding clean glasses, below the tea brewers. Please clean shelves as often as necessary to protect clean equipment from contamination. | 8/7/17 | |
| 3-304.12C | KITCHEN The ice scoop was stored on top of the ice maker. In-use utensils shall be stored on a clean and sanitized surface. Please provide a tray or container in which to store scoop; clean and sanitize tray and scoop at least daily. | 8/7/17 | |
| 4-903.11B | Water was pooled in the bottom of the ice bucket, stored on top of the ice maker. Please provide a grate in a tray and store bucket inverted to protect it from contamination and to allow it to drain between uses. | 8/7/17 | |

EDUCATION PROVIDED OR COMMENTS

| | | |
|---|-----------------|--|
| Person in Charge /Title: <i>Rafaela Bonales</i> | Rafaela Bonales | Date: August 7, 2017 |
| Inspector: <i>Rose Mier</i> | Rose Mier | Telephone No. (573)431-1947 |
| | EPHS No. 1390 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: August 9, 2017 |



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| ESTABLISHMENT NAME La Pachanga | | ADDRESS 20 Northwood | | CITY /ZIP Bonne Terre 63628 | |
| FOOD PRODUCT/LOCATION Cold hold prep table, bottom: ambient | | TEMP. in ° F 35 | FOOD PRODUCT/ LOCATION Cold hold prep table, top: chicken, beef, shrimp, chicken | | TEMP. in ° F 36, 41, 40, 36 |
| | | | Walk-in cooler: ambient, cooked chicken, refried beans | | 40, 37, 39 |
| | | | | | |
| | | | | | |

| 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 |
|----------------|--|-------------------|---------|
| 7-201.11 | KITCHEN A case of bleach was stored on top of a case of ketchup. Toxic items shall be stored separately or below food. Please store bleach in a location designated for chemicals, or below food and food-related items. COS by moving bleach to chemical area. | COS | R.B |
| 4-601.11A | The 3-door glass cooler was used for non-refrigerated storage of vegetables (empty during this inspection). An accumulation of debris and mold was observed on the inside surfaces of the unit. Please wash, rinse, sanitize, and air dry all surfaces of the cooler prior to placing food inside. | 8/8/17 | |

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|----------------|---|-------------------|---------|
| 4-903.11A | KITCHEN Accumulation of frost observed inside the chest freezer holding glasses. Please defrost freezer and keep clean to prevent contamination of glasses. | 8/9/17 | R.B |
| 4-203.11B | The cook's thermometer read 28F when the actual iced water temperature was 32.5F. The thermometer was not able to be calibrated. Thermometers shall be accurate to within two degrees Fahrenheit. Please provide cook's thermometers reading from 0 to 220F in two degree increments, and able to be calibrated. Calibrate frequently to ensure accuracy. | 8/8/17 | |
| 4-901.11B | Equipment was observed being dried with a cloth after cleaning. Equipment and utensils shall be washed, rinsed, sanitized, and air dried. If a piece of wet equipment needs to be used, a paper towel may be used for that one piece, then discarded. Please allow complete air drying after cleaning. COS by discussion with owner and staff. | COS | |
| 3-304.12B | The handles of pitchers were stored in contact with the food in bulk containers of rice and beans, in the storage closet. Please store so handles do not touch the food. | 8/7/17 | |
| 4-901.11A | Pans were stored wet nested on a shelf in the storage closet. Please wash, rinse, and sanitize these items and allow complete air drying. | 8/7/17 | |
| 5-501.111 | The outside dumpster was observed rusted through. Please have the trash company replace the dumpster with one that is in good condition to hold the contents and prevent pest entry. | 8/9/17 | |

EDUCATION PROVIDED OR COMMENTS

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