



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

TIME IN 1:15p	TIME OUT 2:15p
PAGE 1 of	

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: Bios Mexican Restaurant	OWNER: Issa Labastida	PERSON IN CHARGE: Jose Labastida
ADDRESS: 1100 Hwy 32	CITY/ZIP: Salem 65560	COUNTY: Dent
PHONE: 729-8600	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 type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD		
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			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				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						
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						

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

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		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge /Title:	Date:
Inspector: <i>Dona Jones EPHS II</i>	7-11-19
Telephone No. <i>729-3106 x235</i>	EPHS No. <i>1168</i>
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date:



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

TIME IN 1:15 TIME OUT 3:15p
PAGE 2 of 2

ESTABLISHMENT NAME Bigos Mexican Restaurant		ADDRESS 1100 Hwy 32		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
spinach Kenmore fridge		39°	cass hot hold		140°
veg w/ bacon " "		41°	rice " "		148°
veg fried beans stainless counter		95°	veg fried beans " "		142°
beef walk in cooler		41°	sour cream prep table		34°
shell egg " "		44°	green peppers prep table fridge		44°

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
3-501.17	Obs: open bag of spinach cut bell peppers + package of crab not date labeled.	COS	SM
3-302.11	Obs: eggs on top of Michelob beer cans walk in	COS	
7-102.11	Obs: unlabeled bottle at 3rd sink (bleach water)	COS	
4-202.1	Obs: containers holding chips cracked + broken	7-15-19	OK
4-202.11	Obs: scoop for chips handle broken off.	7-15-19	OK
3-101.11	Obs: Beer meigs with packages of meat in small chest freezer.	COS	SM

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
4-101.19	Obs: swinging doors to kitchen chipped paint	OK 8-12-19	SM
6-202.15	Obs: Back door not tight fitting.	OK 8-12-19	
6-501.114	Obs: buckets, etc extra door etc. in storage room.	8-12-19	OK
3-302.12	Obs: breeding containers not labeled.	COS	
4-601.11C	Obs: containers wire shelving sticky to touch.	7-15-19	OK
3-304.14	Obs: wiping cloths laying on stainless counter	COS	
3-305.11	Obs: pan with cheese sitting on floor.	COS	
4-204.112	Obs: thermometers with reading of 22°/ food 44° prep fridge and thermometer Kenmore 28°/ food 41°	7-15-19	OK
6-304.11	Obs: ventilation fan not working womens restroom	8-12-19	OK

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: _____ Date: 7-11-19

Inspector: **Jenna Jones EPHS II** Telephone No. **724-3106x235** EPHS No. **1168**

Follow-up: Yes No
Follow-up Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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TIME IN 11:40A	TIME OUT
PAGE 1 of 1	

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: Bigos Mexican Restaurant	OWNER: Issa Labastida	PERSON IN CHARGE: Ashley Stewart
ADDRESS: 1100 Hwy 32	CITY/ZIP: Salem 65560	COUNTY: Dent
PHONE: 729-8600	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 type="checkbox"/> MOBILE VENDORS
	<input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input type="checkbox"/> TEMP. FOOD	

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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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)		
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	Approved Source				Chemical		
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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		
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IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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		Fruits and vegetables washed before use				✓	Garbage/refuse properly disposed; facilities maintained		
						✓	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Ashley Stewart	Date: 8-21-19
Inspector: Diana Jones EPHS II	Telephone No. 729-3106x235
EPHS No. 1163	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: