



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

| | |
|-------------------|--------------------|
| TIME IN 10:15A | TIME OUT 10:20P |
| PAGE 2 of 2 | |

| | | | |
|---|-------------------------|-----------------------|--------------|
| ESTABLISHMENT NAME Lakonita Mexican Restaurant | ADDRESS 108 main St. | CITY Bunker | ZIP 63629 |
| FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/LOCATION | TEMP. |
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| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| | 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. | | |
| | In the next 2 (two) weeks need you to send Food Handlers certificate to: rjones@dentcohealth.org | | |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| | 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. | | |
| | Restaurant is approved to open! Paid \$150.00 - plan review Cash \$150.00 - inspection fee for the year! | | |

EDUCATION PROVIDED OR COMMENTS

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| Person in Charge /Title: Roberto C. Loquivel | Date: 11-15-2024 |
| Inspector: Anna Jones EPHS II | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Telephone No. 636-241-3106 | Follow-up Date: 11/15/24 |
| EPHS No. 1108 | |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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| TIME IN 10:15A | TIME OUT 10:26P |
| 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: La Bonita Mexican Restaurant | | OWNER: Roberto Esquivel | PERSON IN CHARGE: Roberto Esquivel |
| ADDRESS: 108 Main St. | | COUNTY: De Witt | |
| CITY/ZIP: Bunker 63162 | PHONE: 513-300-1262 | 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 checked="" type="checkbox"/> Pre-opening <input 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 | | | |

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| Person in Charge / Title: Roberto Esquivel | Date: 11-15-2024 |
| Inspector: [Signature] | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Telephone No.: 513-724-3106 | Follow-up Date: |
| EPHS No.: 1160 | |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

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| TIME IN 1:35p | TIME OUT 2:00p. |
| PAGE 1 | of 1 |

| | | | |
|--|-----------------------------------|-----------------------|---------------------|
| ESTABLISHMENT NAME <i>Laborita Mexican Restaurant</i> | ADDRESS <i>108 Main Street</i> | CITY <i>Bunker</i> | ZIP <i>63629</i> |
| FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/LOCATION | TEMP. |

| 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 |
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|-----------------|--|-------------------|--------------------|
| <i>4101.19</i> | <i>Obs: at least three tables that need sealed. OK</i> | <i>11-15-24</i> | <i>[Signature]</i> |
| <i>4302.14</i> | <i>Obs: no test strips OK</i> | | <i>[Signature]</i> |
| <i>6301.14</i> | <i>Obs: no hand signage at bathroom sink. OK</i> | | |
| <i>6501.12A</i> | <i>Obs: floor in grill area dirty. OK</i> | | |
| <i>6202.15</i> | <i>Obs: back door not tight fighting. top, side, bottom OK</i> | | <i>[Signature]</i> |
| <i>6202.14</i> | <i>Obs: bathroom door not self closing. OK</i> | <i>11-15-24</i> | |
| <i>4302.12</i> | <i>Obs: no thermometer OK</i> | <i>11-15-24</i> | |

EDUCATION PROVIDED OR COMMENTS

| | | | |
|---|--------------------------------------|-------------------------|--|
| Person in Charge / Title: <i>Roberto L. Gonzalez</i> | Date: <i>10-28-2024</i> | | |
| Inspector: <i>Christina Jones EPHS II</i> | Telephone No. <i>513-129-3106</i> | EPHS No. <i>1168</i> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Follow-up Date: <i>11-15-2024</i> |