



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

TIME IN 11:00	TIME OUT 12:20
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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: Los Bras		OWNER:		PERSON IN CHARGE:	
ADDRESS: 265 S. Story				COUNTY: Mississippi	
CITY/ZIP: Harrison 63834		PHONE: 683-2926	FAX:		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE					
<input checked="" type="checkbox"/> BAKERY		<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE
<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"/> INSTITUTION		<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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		<input checked="" type="checkbox"/> PUBLIC		<input checked="" type="checkbox"/> COMMUNITY	
License No. _____		<input type="checkbox"/> PRIVATE		<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		
OUT	Employee Health			OUT	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	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		
N/O	No discharge from eyes, nose and mouth			N/A	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		
N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
OUT	Approved Source			OUT	Chemical		
N/A	Food obtained from approved source			N/A	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
OUT	Food in good condition, safe and unadulterated			OUT	Conformance with Approved Procedures		
N/A	Required records available: shellstock tags, parasite destruction			N/A	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 OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item			
OUT	Food separated and protected						
N/A	Food-contact surfaces cleaned & sanitized						
IN	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
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
X		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used			X		Utensils, Equipment and Vending		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled: original container			X		Nonfood-contact surfaces clean		
X		Prevention of Food Contamination			X		Physical Facilities		
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X	X	Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X	X	Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: Alberto Gonzalez				Date: 7-18-2024	
Inspector: Cindy Marchion		Telephone No.:	EPHS No.:	Follow-up:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		683-2191	7681	Follow-up Date:	



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ESTABLISHMENT NAME Las Brisas		ADDRESS 205 S. Story		CITY Charleston	ZIP 63824
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) Walk in		41°F	Ground beef / steam table		154°F
AA Salsa Cooler		38°F			
AA Make line cooler		37°F			

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
	None at this time		

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-204.20	Ice build-up in white stand up freezer in kitchen area	NRI	
3-302.11(A)4	Food items being left uncovered in make line cooler.	NRI	
6-Solid	Ceilings are soiled with grease residue	NRI	

EDUCATION PROVIDED OR COMMENTS
 Discussed date marking.

Person in Charge / Title: Alberto L Gonzalez	Date: 7-18-2024
Inspector: Cecilia Marich	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. 513-683-2191	Follow-up Date:
EPHS No. 11181	