



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

TIME IN 1:00	TIME OUT 1:30
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: <i>Somewhere Different Latin Tropic</i>	OWNER: <i>Angie Melissa Lopez</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>10183 MO 17</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Success 65570</i>	PHONE: <i>347/457/1658</i>	FAX:
P.H. PRIORITY: <input 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"/> 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 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 type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" 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/A	Proper cooking, time and temperature		
		Employee Health				IN	OUT	N/A	Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present				IN	OUT	N/A	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/A	Proper hot holding temperatures		
		Good Hygienic Practices				IN	OUT	N/A	Proper cold holding temperatures		
IN	OUT	N/A	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/A	Proper date marking and disposition		
IN	OUT	N/A	No discharge from eyes, nose and mouth			IN	OUT	N/A	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands				IN	OUT	N/A	Consumer Advisory		
IN	OUT	N/A	Hands clean and properly washed			IN	OUT	N/A	Consumer advisory provided for raw or undercooked food		
IN	OUT	N/A	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/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/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/A	Required records available: shellstock tags, parasite destruction			IN	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	OUT	N/A	Food separated and protected								
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	N/A	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			
												Physical facilities installed, maintained, and clean			

Person in Charge /Title: <i>X /</i>			Date: <i>10/20/25</i>		
Inspector: <i>R. P. H.</i>	Telephone No. <i>417/961/4131</i>	EPHS No. <i>1713</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date:		



TIME IN 1:00	TIME OUT 1:30
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 10:00	TIME OUT 11:00
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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: <i>Something different 1stino to</i>		OWNER: <i>Angie melisse Coccos</i>	PERSON IN CHARGE: <i>Scarc</i>
ADDRESS: <i>10183 mo 17</i>		COUNTY: <i>Tex.</i>	
CITY/ZIP: <i>Success 65570</i>	PHONE: <i>347 457 1658</i>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 checked="" 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 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: <i>x [Signature]</i>			Date: <i>11/14/24</i>	
Inspector: <i>DR PR</i>	Telephone No. <i>407 967 412</i>	EPHS No. <i>122</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____



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BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 1000	TIME OUT 1100
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ESTABLISHMENT NAME		ADDRESS 10183 MO 17		CITY Spartanburg	ZIP 65570	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
Sole food		40				
Prep table		37				
Refrigerator		38				
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
	no violations					
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
	no violations					
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: <i>X Arlene H...</i>				Date: 11/14/24		
Inspector: <i>R Ph</i>	Telephone No. <i>417/501 4134</i>		EPHS No. <i>1773</i>		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					Follow-up Date:	