



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER ENVIRONMENTAL SECTION FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT
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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:		OWNER:		PERSON IN CHARGE:	
ADDRESS:			ESTABLISHMENT #:		COUNTY:
CITY/ZIP:		PHONE:		FAX:	
P.H. PRIORITY : H M L					
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP.FOOD					
PURPOSE Pre-opening Routine Follow-up Complaint Other					
FROZEN DESSERT Approved Disapproved Not Applicable License No. _____		SEWAGE DISPOSAL PUBLIC PRIVATE		WATER SUPPLY COMMUNITY NON-COMMUNITY Date Sampled _____ PRIVATE 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							IN	OUT	N/O	N/A						
		Person in charge present, demonstrates knowledge, and performs duties										Proper cooking, time and temperature					
		Employee Health						IN	OUT	N/O	N/A	Proper reheating procedures for hot holding					
		Management awareness; policy present						IN	OUT	N/O	N/A	Proper cooling time and temperatures					
		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					
		Proper eating, tasting, drinking or tobacco use						IN	OUT	N/O	N/A	Proper date marking and disposition					
		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					
		Hands clean and properly washed						IN	OUT	N/A		Consumer advisory provided for raw or undercooked food					
		No bare hand contact with ready-to-eat foods or approved alternate method properly followed										Highly Susceptible Populations					
		Adequate handwashing facilities supplied & accessible						IN	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered					
		Approved Source										Chemical					
		Food obtained from approved source						IN	OUT	N/A		Food additives: approved and properly used					
		Food received at proper temperature										Toxic substances properly identified, stored and used					
		Food in good condition, safe and unadulterated										Conformance with Approved Procedures					
		Required records available: shellstock tags, parasite destruction						IN	OUT	N/A		Compliance with approved Specialized Process and HACCP plan					
		Protection from Contamination															
		Food separated and protected						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									
		Food-contact surfaces cleaned & sanitized															
		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													
		Adequate equipment for temperature control								Single-use/single-service articles: properly stored, used					
		Approved thawing methods used								Gloves used properly					
		Thermometers provided and accurate										Utensils, Equipment and Vending			
												Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
												Warewashing facilities: installed, maintained, used; test strips used			
												Nonfood-contact surfaces clean			
		Food Identification										Physical Facilities			
		Food properly labeled; original container										Hot and cold water available; adequate pressure			
		Insects, rodents, and animals not present										Plumbing installed; proper backflow devices			
		Contamination prevented during food preparation, storage and display										Sewage and wastewater properly disposed			
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry										Toilet facilities: properly constructed, supplied, cleaned			
		Wiping cloths: properly used and stored										Garbage/refuse properly disposed; facilities maintained			
		Fruits and vegetables washed before use										Physical facilities installed, maintained, and clean			

Person in Charge /Title: <i>Amelia Sle</i>			Date:		
Inspector: <i>Samatha Powers</i>	Telephone No.:	EPHS No.:	Follow-up:	Yes	No
			Follow-up Date:		



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ESTABLISHMENT NAME	ADDRESS	CITY /ZIP	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° 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

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

EDUCATION PROVIDED OR COMMENTS	

Person in Charge /Title: <i>Agatha</i>	Date:
Inspector: <i>Janasha Powers</i>	Telephone No.
EPHS No.	Follow-up: Yes No
	Follow-up Date: