



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

TIME IN	1:00pm	TIME OUT	1:30pm
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: A C Brase Arena Building		OWNER: City of Cape Girardeau		PERSON IN CHARGE: Tony Weatherby	
ADDRESS: 410 Kiwanis			ESTABLISHMENT #: 5149		COUNTY: 031-500
CITY/ZIP: Cape Girardeau 63701		PHONE: 573-339-6340		FAX: 573-339-6393	
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		<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
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper cooking, time and temperature		<input type="checkbox"/>	<input type="checkbox"/>
		Employee Health				<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper reheating procedures for hot holding		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper cooling time and temperatures		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper hot holding temperatures		<input type="checkbox"/>	<input type="checkbox"/>
		Good Hygienic Practices				<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Proper cold holding temperatures		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Proper date marking and disposition		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	No discharge from eyes, nose and mouth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Time as a public health control (procedures / records)		<input type="checkbox"/>	<input type="checkbox"/>
		Preventing Contamination by Hands				<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Consumer Advisory				
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	Hands clean and properly washed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		<input type="checkbox"/>	<input type="checkbox"/>			Highly Susceptible Populations				
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		<input type="checkbox"/>	<input type="checkbox"/>
		Approved Source				<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Chemical				
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Food obtained from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Food additives: approved and properly used		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Food received at proper temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Food in good condition, safe and unadulterated		<input type="checkbox"/>	<input type="checkbox"/>			Conformance with Approved Procedures					
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> 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							
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Food separated and protected		<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		<input type="checkbox"/>	<input type="checkbox"/>							

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				<input checked="" type="checkbox"/>		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				<input checked="" type="checkbox"/>		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					<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			
								Physical facilities installed, maintained, and clean			

Person in Charge /Title: <i>Tony Weatherby</i>			Date: 10-14-2014		
Inspector: <i>Janice Miller</i>	Telephone No. 573-335-7846	EPHS No. 1129	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____	

