



**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	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION	MOBILE VENDORS
BAKERY	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD	
RESTAURANT						
PURPOSE	Follow-up		Complaint		Other	
Pre-opening	Routine					
FROZEN DESSERT	SEWAGE DISPOSAL		WATER SUPPLY		NON-COMMUNITY	
Approved	PUBLIC		COMMUNITY		Date Sampled _____	
Disapproved	PRIVATE				PRIVATE Results _____	
Not Applicable						
License No. _____						

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	Management awareness; policy present					IN OUT N/O N/A	Proper reheating procedures for hot holding				
IN OUT	Proper use of reporting, restriction and exclusion					IN OUT N/O N/A	Proper cooling time and temperatures				
Good Hygienic Practices											
IN OUT N/O	Proper eating, tasting, drinking or tobacco use					IN OUT N/O N/A	Proper hot holding temperatures				
IN OUT N/O	No discharge from eyes, nose and mouth					IN OUT N/O N/A	Proper cold holding temperatures				
Preventing Contamination by Hands											
IN OUT N/O	Hands clean and properly washed					IN OUT N/A	Proper date marking and disposition				
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Time as a public health control (procedures / records)				
IN OUT	Adequate handwashing facilities supplied & accessible					IN OUT N/O N/A	Consumer Advisory				
Approved Source											
IN OUT	Food obtained from approved source					IN OUT N/A	Consumer advisory provided for raw or undercooked food				
IN OUT N/O N/A	Food received at proper temperature					IN OUT	Highly Susceptible Populations				
IN OUT	Food in good condition, safe and unadulterated					IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered				
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction					IN OUT N/A	Chemical				
Protection from Contamination											
IN OUT N/A	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					
IN OUT N/A	Food-contact surfaces cleaned & sanitized										
IN OUT N/O	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		
Utensils, Equipment and Vending									
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification									
		Food properly labeled; original container					Warewashing facilities: installed, maintained, used; test strips used		
Prevention of Food Contamination									
		Insects, rodents, and animals not present					Nonfood-contact surfaces clean		
		Contamination prevented during food preparation, storage and display					Physical Facilities		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Hot and cold water available; adequate pressure		
		Wiping cloths: properly used and stored					Plumbing installed; proper backflow devices		
		Fruits and vegetables washed before use					Sewage and wastewater properly disposed		
							Toilet facilities: properly constructed, supplied, cleaned		
							Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge /Title:				Date:			
Inspector: <i>Natalie Hoverson</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				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.					
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.					
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: <i>Don Ref</i>					Date:	
Inspector: <i>Natalie Larson</i>	Telephone No.	EPHS No.		Follow-up: Yes	No	
				Follow-up Date:		