



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

TIME IN	10:45am	TIME OUT	12:30amArbys
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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: <b>Arby's</b>	OWNER: <b>Arby's Restaurant Group</b>	PERSON IN CHARGE: <b>Gerri Patterson</b>
ADDRESS: <b>2134 Independence</b>	ESTABLISHMENT #: <b>0296</b>	COUNTY: <b>031-500</b>
CITY/ZIP: <b>Cape Girardeau 63701</b>	PHONE: <b>573-335-8601</b>	FAX: <b>same</b>
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 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 checked="" type="checkbox"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	<b>Consumer Advisory</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <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"/>	<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>				<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	<b>Chemical</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/D</b> <input type="checkbox"/> <b>N/A</b>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <b>OUT</b>	Toxic substances properly identified, stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>			
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input type="checkbox"/> <b>N/A</b>	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Compliance with approved Specialized Process and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>				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 checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/> <b>OUT</b> <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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>					<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used			<b>Utensils, Equipment and Vending</b>				
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>					<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>				
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Gerri Patterson</i>	Date: <b>04-20-2017</b>
Inspector: <i>[Signature]</i>	Telephone No. <b>573-335-7846</b>
	EPHS No. <b>1129</b>
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: <b>XXXXXXXXXX</b>



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 FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 10:45am	TIME OUT 12:30amArbys
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ESTABLISHMENT NAME Arby's	ADDRESS 2134 Independence	CITY /ZIP Cape Girardeau 63701	
FOOD PRODUCT/LOCATION shaved turkey - make up table	TEMP. in ° F 40	FOOD PRODUCT/ LOCATION chidken fillet - hot holding drawer	TEMP. in ° F 137
ambient air - walk in cooler	38	frozen dessert mix - machine vat	33
make up table top	33	ambient air - make up table drawer	35

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
6-501.12	Corners & edges soiled - cooler floor, fan guard - somewhat soiled	NRI	
	debris - mop soup - edges - grout grooves - storeroom		
6-201.11	Tile chipped by three-vat sink, one loose by fryers	"	
6-501.12	Bottom of toilet soiled - ladies restroom	"	
6-501.12	Large ladder somewhat soiled	"	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Ben Patterson</i>	Date: 04-20-2017
Inspector: <i>[Signature]</i>	Telephone No. 573-335-7846
EPHS No. 1129	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: xxxxxxxxxxxx