Prevent. Promote. Protect.

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

| TIME IN 1:50pm | TIME OUT 2:40pm |
|---|---|
| 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: | OWNER: | PERSON IN CHARGE: |
|---|---|---|
| Arby's | Arby's Restaurant Group | Stephanie Reutzel |

| ADDRESS: | ESTABLISHMENT #: | COUNTY: |
|---|---|---|
| 2134 Independence St | 0296 | Cape Girardeau |

| CITY/ZIP: | PHONE: | FAX: | P.H. PRIORITY : |
|---|---|---|---|
| Cape Girardeau | 335-8601 | | ■ 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. 031-16876

SEWAGE DISPOSAL
■ PUBLIC ☐ PRIVATE

WATER SUPPLY
■ COMMUNITY ☐ NON-COMMUNITY ☐ 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 |
|---|---|---|---|
| ■ OUT | Person in charge present, demonstrates knowledge, and performs duties | ☐ | ☐ |
| | **Employee Health** | | |
| ■ OUT | Management awareness; policy present | ☐ | ☐ |
| ■ OUT | Proper use of reporting, restriction and exclusion | ☐ | ☐ |
| | **Good Hygienic Practices** | | |
| ■ OUT N/O | Proper eating, tasting, drinking or tobacco use | ☐ | ☐ |
| ■ OUT N/O | No discharge from eyes, nose and mouth | ☐ | ☐ |
| | **Preventing Contamination by Hands** | | |
| ■ OUT N/O | Hands clean and properly washed | ☐ | ☐ |
| ■ OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | ☐ | ☐ |
| ■ OUT | Adequate handwashing facilities supplied & accessible | ☐ | ☐ |
| | **Approved Source** | | |
| ■ OUT | Food obtained from approved source | ☐ | ☐ |
| IN OUT ■ N/O N/A | Food received at proper temperature | ☐ | ☐ |
| ■ OUT | Food in good condition, safe and unadulterated | ☐ | ☐ |
| IN OUT N/O ■ N/A | Required records available: shellstock tags, parasite destruction | ☐ | ☐ |
| | **Protection from Contamination** | | |
| ■ OUT N/A | Food separated and protected | ☐ | ☐ |
| ■ OUT N/A | Food-contact surfaces cleaned & sanitized | ☐ | ☐ |
| ■ OUT N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | ☐ | ☐ |

| Compliance | Potentially Hazardous Foods | COS | R |
|---|---|---|---|
| ■ OUT N/O N/A | Proper cooking, time and temperature | ☐ | ☐ |
| IN OUT ■ N/O N/A | Proper reheating procedures for hot holding | ☐ | ☐ |
| IN OUT ■ N/O N/A | Proper cooling time and temperatures | ☐ | ☐ |
| ■ OUT N/O N/A | Proper hot holding temperatures | ☐ | ☐ |
| ■ OUT N/A | Proper cold holding temperatures | ☐ | ☐ |
| ■ OUT N/O N/A | Proper date marking and disposition | ☐ | ☐ |
| IN OUT N/O ■ N/A | Time as a public health control (procedures / records) | ☐ | ☐ |
| | **Consumer Advisory** | | |
| IN OUT ■ N/A | Consumer advisory provided for raw or undercooked food | ☐ | ☐ |
| | **Highly Susceptible Populations** | | |
| IN OUT N/O ■ N/A | Pasteurized foods used, prohibited foods not offered | ☐ | ☐ |
| | **Chemical** | | |
| IN OUT ■ N/A | Food additives: approved and properly used | ☐ | ☐ |
| ■ OUT | Toxic substances properly identified, stored and used | ☐ | ☐ |
| | **Conformance with Approved Procedures** | | |
| IN OUT ■ N/A | Compliance with approved Specialized Process and HACCP plan | ☐ | ☐ |

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

## 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 |
|---|---|---|---|---|
| X | | Pasteurized eggs used where required | | |
| X | | Water and ice from approved source | | |
| | | **Food Temperature Control** | | |
| X | | Adequate equipment for temperature control | | |
| X | | Approved thawing methods used | | |
| X | | Thermometers provided and accurate | | |
| | | **Food Identification** | | |
| X | | Food properly labeled; original container | | |
| | | **Prevention of Food Contamination** | | |
| X | | Insects, rodents, and animals not present | | |
| X | | Contamination prevented during food preparation, storage and display | | |
| X | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | |
| X | | Wiping cloths: properly used and stored | | |
| X | | Fruits and vegetables washed before use | | |

| IN | OUT | Proper Use of Utensils | COS | R |
|---|---|---|---|---|
| X | | In-use utensils: properly stored | | |
| X | | Utensils, equipment and linens: properly stored, dried, handled | | |
| X | | Single-use/single-service articles: properly stored, used | | |
| X | | Gloves used properly | | |
| | | **Utensils, Equipment and Vending** | | |
| X | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| X | | Warewashing facilities: installed, maintained, used; test strips used | | |
| X | | Nonfood-contact surfaces clean | | |
| | | **Physical Facilities** | | |
| X | | Hot and cold water available; adequate pressure | | |
| X | | Plumbing installed; proper backflow devices | | |
| X | | Sewage and wastewater properly disposed | | |
| X | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | X | Garbage/refuse properly disposed; facilities maintained | | |
| | X | Physical facilities installed, maintained, and clean | | |

Person in Charge /Title: _____ Date: 10-17-19

Inspector: _____ Telephone No. 573-335-7846 x 136 EPHS No. 947

Follow-up: ☐ Yes ☑ No
Follow-up Date: N/A

CCHD (10-13)

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# FOOD ESTABLISHMENT INSPECTION REPORT

| TIME IN | TIME OUT |
|---|---|
| 1:50pm | 2:40pm |



| ESTABLISHMENT NAME | ADDRESS | CITY /ZIP |
|---|---|---|
| Arby's | 2134 Independence St | Cape Girardeau |

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|---|---|---|---|
| ham/ cold holding | 41 | tomato/ cold holding | 41 |
| chicken tender/ warmer | 152 | salad/ cold holding drawer | 40 |
| beer braised beef/ walk-in cooler | 41 | | |
| | | | |
| | | | |

| 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 |
|---|---|---|---|
| 6-501.11 | tiles broken in front of cold holding and fryers | 4-30-20 | |
| 5-501.113 | dumpster lid is open | 4-30-20 | |

EDUCATION PROVIDED OR COMMENTS

| Person in Charge /Title: | | Date: 10-17-19 | |
|---|---|---|---|
| Inspector: | Telephone No. 573-335-7846 x 136 | EPHS No. 947 | Follow-up: ☐ Yes ☑ No<br>Follow-up Date: N/A |

CCHD (10-13)