



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

| | |
|-----------|----------|
| TIME IN | TIME OUT |
| PAGE 1 of | |

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 | | CATERER | | GROCERY STORE | |
| BAKERY | C. STORE | SENIOR CENTER | DELI | TAVERN | INSTITUTION |
| RESTAURANT | SCHOOL | | SUMMER F.P. | | TEMP.FOOD |
| PURPOSE | | Complaint | | MOBILE VENDORS | |
| Pre-opening | | Other | | | |
| FROZEN DESSERT | | SEWAGE DISPOSAL | | WATER SUPPLY | |
| Approved Disapproved | | PUBLIC PRIVATE | | COMMUNITY NON-COMMUNITY | |
| Not Applicable | | | | Date Sampled _____ | |
| License No. _____ | | | | 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 | 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 | | | | | 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 | | |
| | | Thermometers provided and accurate | | | | | Utensils, Equipment and Vending | | |
| | | Food Identification | | | | | | | |
| | | Food properly labeled; original container | | | | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Prevention of Food Contamination | | | | | | | |
| | | Insects, rodents, and animals not present | | | | | Warewashing facilities: installed, maintained, used; test strips used | | |
| | | Contamination prevented during food preparation, storage and display | | | | | Nonfood-contact surfaces clean | | |
| | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | Physical Facilities | | |
| | | Wiping cloths: properly used and stored | | | | | Hot and cold water available; adequate pressure | | |
| | | Fruits and vegetables washed before use | | | | | Plumbing installed; proper backflow devices | | |
| | | | | | | | Sewage and wastewater properly disposed | | |
| | | | | | | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | | | | | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | | | Physical facilities installed, maintained, and clean | | |

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|---|---------------|----------|----------------|-------|-----------------|
| Person in Charge /Title: <i>Shirrette Young</i> | | | | Date: | |
| Inspector: <i>Samantha Bowen</i> | Telephone No. | EPHS No. | Follow-up: Yes | No | Follow-up Date: |



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| TIME IN | TIME OUT |
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| | | | | | |
|-----------------------|--|--------------|------------------------|----------|--------------|
| ESTABLISHMENT NAME | | ADDRESS | | CITY/ZIP | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
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| 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 |
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| 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 |
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| EDUCATION PROVIDED OR COMMENTS | |
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|--|---------------|----------|-------------------|-----------------|
| Person in Charge /Title: <i>Shurette Lopez</i> | | | Date: _____ | |
| Inspector: <i>Samantha Davis</i> | Telephone No. | EPHS No. | Follow-up: Yes No | Follow-up Date: |