



# 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					
BAKERY	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION
RESTAURANT	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD
MOBILE VENDORS					
PURPOSE					
Pre-opening		Routine	Follow-up	Complaint	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	N/O	N/A	Proper reheating procedures for hot holding			
IN	OUT	Management awareness; policy present					IN	OUT	N/O	N/A	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion					IN	OUT	N/O	N/A	Proper hot holding temperatures		
			Good Hygienic Practices			IN	OUT	N/A		Proper cold holding temperatures			
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use					IN	OUT	N/O	N/A	Proper date marking and disposition	
IN	OUT	N/O	No discharge from eyes, nose and mouth					IN	OUT	N/O	N/A	Time as a public health control (procedures / records)	
			Preventing Contamination by Hands			IN	OUT	N/A		Consumer Advisory			
IN	OUT	N/O	Hands clean and properly washed					IN	OUT	N/A	Consumer advisory provided for raw or undercooked food		
IN	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed							Highly Susceptible Populations			
IN	OUT		Adequate handwashing facilities supplied & accessible					IN	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered	
			Approved Source			IN	OUT	N/A		Chemical			
IN	OUT		Food obtained from approved source					IN	OUT	N/A	Food additives: approved and properly used		
IN	OUT	N/O	N/A	Food received at proper temperature					IN	OUT	Toxic substances properly identified, stored and used		
IN	OUT		Food in good condition, safe and unadulterated							Conformance with Approved Procedures			
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction					IN	OUT	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							
IN	OUT	N/A	Food separated and protected										
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	COS	R	IN	OUT	COS	R
		Safe Food and Water				Proper Use of Utensils	
		Food Temperature Control				Utensils, Equipment and Vending	
		Food Identification				Physical Facilities	

Person in Charge /Title: <i>CEO</i>				Date: _____			
Inspector: <i>Nataly Johnson</i>				Telephone No. _____		EPHS No. _____	
Follow-up: Yes		No		Follow-up Date: _____			



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<b>ESTABLISHMENT NAME</b>		<b>ADDRESS</b>		<b>CITY/ZIP</b>		
<b>FOOD PRODUCT/LOCATION</b>		<b>TEMP. in ° F</b>	<b>FOOD PRODUCT/ LOCATION</b>		<b>TEMP. in ° F</b>	
<b>Code Reference</b>	<b>PRIORITY ITEMS</b> 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>				<b>Correct by (date)</b>	<b>Initial</b>
<b>Code Reference</b>	<b>CORE ITEMS</b> 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>				<b>Correct by (date)</b>	<b>Initial</b>
<b>EDUCATION PROVIDED OR COMMENTS</b>						
<b>Person in Charge /Title:</b> <i>ato</i>					<b>Date:</b>	
<b>Inspector:</b> <i>Natalie Bonneau</i>		<b>Telephone No.</b>	<b>EPHS No.</b>	<b>Follow-up:</b>	<b>Yes</b>	<b>No</b>
				<b>Follow-up Date:</b>		