



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

TIME IN: [] TIME OUT: []
PAGE 2 of []

ESTABLISHMENT NAME: [] ADDRESS: [] CITY/ZIP: []

Table with 4 columns: FOOD PRODUCT/LOCATION, TEMP. in ° F, FOOD PRODUCT/ LOCATION, TEMP. in ° F. Multiple empty rows for data entry.

PRIORITY ITEMS
Code Reference: []
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.

Table for PRIORITY ITEMS with columns: Code Reference, Description, Correct by (date), Initial. Multiple empty rows.

CORE ITEMS
Code Reference: []
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.

Table for CORE ITEMS with columns: Code Reference, Description, Correct by (date), Initial. Multiple empty rows.

EDUCATION PROVIDED OR COMMENTS: []

Person in Charge /Title: [Signature] Date: []
Inspector: [Signature] Telephone No. [] EPHS No. [] Follow-up: Yes No
Follow-up Date: []