



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

FOOD ESTABLISHMENT INSPECTION REPORT

| | | |
|---------|----------|-------------|
| DATE | 7/1/2013 | PAGE 1 OF 2 |
| TIME IN | 3:10pm | TIME OUT |

PRINT
SAVE

RESET

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 BG's Olde Tyme Deli | | OWNER Gary Helwege | PERSON IN CHARGE Gail Zweigert |
| ADDRESS 205 S. Plaza Way | | ESTABLISHMENT LICENSE NO. 2428 | COUNTY 031-500 |
| CITY/ZIP CODE Girardeau/63701 | | TELEPHONE NUMBER 335-8860 | REGION 04 |
| | | FAX NUMBER | P.H. PRIORITY <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |

| | | | | | | |
|--|-----------------------------------|--|--------------------------------------|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> C. Store | <input type="checkbox"/> Caterer | <input type="checkbox"/> Deli | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Institution | <input type="checkbox"/> Mobile |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> School | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Summer F.P. | <input type="checkbox"/> Tavern | <input type="checkbox"/> Temporary | |

| | | |
|--|---|--|
| 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: _____ Satisfactory For Drinking: <input type="checkbox"/> Y <input type="checkbox"/> N | FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License Number: _____ |
|--|---|--|

| |
|--|
| PURPOSE <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Other |
|--|

| FOOD PRODUCT | TEMP °F | LOCATION | FOOD PRODUCT | TEMP °F | LOCATION |
|--------------|---------|----------|----------------|---------|----------|
| Green olives | 48 °F | Buffet | Cottage cheese | 48 °F | Buffet |
| | °F | | | °F | |
| | °F | | | °F | |
| | °F | | | °F | |

RISK FACTORS AND INTERVENTIONS

| COMPLIANCE | DEMONSTRATION OF KNOWLEDGE | CODE REF. | R | COS | COMPLIANCE | POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE | CODE REF. | R | COS |
|---|--|-------------------------------------|--------------------------|--------------------------|---|--|----------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Designated PIC, demonstration of knowledge and PIC duties | 2-101.11 2-102.11 2-103.11 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooking, time and temperature | 3-401.11-13 | <input type="checkbox"/> | <input type="checkbox"/> |
| EMPLOYEE HEALTH | | | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Reheating for hot holding | 3-403.11 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Management awareness, policy present. Proper use of reporting restrictions and exclusion | 2-201.11-15 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Cooling | 3-501.14 | <input type="checkbox"/> | <input type="checkbox"/> |
| GOOD HYGIENIC PRACTICES | | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Parasite destruction | 3-402.11 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O <input type="checkbox"/> OUT | Eating, tasting, drinking or tobacco use | 2-401.11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Hot holding | 3-501.16 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O <input type="checkbox"/> OUT | Discharges from eyes, nose, or mouth | 2-401.12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Cold holding | 3-501.16 | <input type="checkbox"/> | <input type="checkbox"/> |
| CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION | | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Date marking and disposition | 3-501.17 3-501.18 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O <input type="checkbox"/> OUT | Clean condition, cleaning procedure, when to wash, and where to wash | 2-301.11-12 2-301.14-15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Time as a public health control (procedures / records) | 3-501.19 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O <input type="checkbox"/> OUT | Bare hand contact with ready-to-eat foods | 3-301.11 | <input type="checkbox"/> | <input type="checkbox"/> | CONSUMER ADVISORY | | | | |
| APPROVED SOURCES | | | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Consumer advisory for raw or undercooked food | 3-603.11 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | 3-201.11-17 | <input type="checkbox"/> | <input type="checkbox"/> | HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O <input type="checkbox"/> OUT | Receiving temperature / condition | 3-202.11-19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered | 3-801.11 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O <input type="checkbox"/> OUT | Records: shellstock tags, parasite destruction, required HACCP plan | 3-202.18 3-203.12 3-402.11-12 | <input type="checkbox"/> | <input type="checkbox"/> | CHEMICAL | | | | |
| PROTECTION FROM CONTAMINATION | | | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Toxic substances properly identified, stored and used | 7-1,7-2,7-3 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Food segregated, separated and protected | 3-302.11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Additives / approved, unapproved | 3-202.12 3-302.14 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Food contact surfaces cleaned & sanitized; cleaning frequency | 4-601.11A 4-602.11 | <input type="checkbox"/> | <input type="checkbox"/> | CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food display, consumer self-service, returned food / re-service of food | 3-306.11-14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A | Compliance with HACCP plan, variance / specialized process | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Preventing contamination from equipment | 3-304.11 | <input type="checkbox"/> | <input type="checkbox"/> | IN = In Compliance OUT = Not In Compliance N/A = Not Applicable | | | | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Discarding / reconditioning unsafe food | 3-701.11 | <input type="checkbox"/> | <input type="checkbox"/> | COS = Corrected on Site R = Repeat N/O = Not Observed | | | | |

| | | | |
|--------------------------------------|----------|---|-------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) | DATE | | |
| <i>[Signature]</i> | 7/1/2013 | | |
| INSPECTOR/TELEPHONE NUMBER | EPHS.NO. | FOLLOW-UP | DATE OF FOLLOW-UP |
| <i>[Signature]</i> | 1126 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 7/8/2013 |



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

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| | | |
|--|------------------------------------|--------------------------------|
| ESTABLISHMENT NAME BG's Olde Tyme Deli | ADDRESS 205 S. Plaza Way | CITY Girardeau/63701 |
|--|------------------------------------|--------------------------------|

| FOOD CODE REFERENCES | CRITICAL ITEMS | | | |
|---|--------------------|---|-------------------|-------|
| 2 MANAGEMENT/PERSONNEL | CODE REF. | DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | CORRECT BY (DATE) | INIT. |
| 2-1 Supervision | | | | |
| 2-2 Employee Health | 3-501.16 | Green olives and cottage cheese at 48 degrees Fahrenheit | | |
| 2-3 Personal Cleanliness | | | | |
| 2-4 Hygienic Practices | | | | |
| 3 FOOD | | | | |
| 3-1 Characteristics | | | | |
| 3-2 Sources, Containers & Records | | | | |
| 3-3 Protection from Contamination | | | | |
| 3-4 Cooking, Parasite Destruction,, Reheating | | | | |
| 3-5 Limiting Growth of Organisms | | | | |
| 3-6 Food Presentation & Labeling | | | | |
| 3-7 Disposition of Contaminated Food | | | | |
| 3-8 Highly Susceptible Populations | | | | |
| 4 EQUIP. UTENSILS & LINENS | | | | |
| 4-1 Characteristics & Use Limitations | | | | |
| 4-2 Design & Construction | | | | |
| 4-3 Numbers & Capacities | | | | |
| 4-4 Location & Installation | | | | |
| 4-5 Maintenance & Operation | | | | |
| 4-6 Cleaning of Equipment | | | | |
| 4-7 Sanitization | | | | |
| 4-8 Laundry | | | | |
| 4-9 Protection of Clean Items | | | | |
| | NON-CRITICAL ITEMS | | | |
| | CODE REF. | DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated. | CORRECT BY (DATE) | INIT. |
| 5 WATER, PLUMBING & WASTE | | | | |
| 5-1 Water Source, Quality, Capacity | | | | |
| 5-2 Plumbing | | | | |
| 5-3 Mobile Water Tanks | | | | |
| 5-4 Sewage & Rainwater | | | | |
| 5-5 Refuse & Recyclables | | | | |
| 6 PHYSICAL FACILITIES | | | | |
| 6-1 Materials for Construction | | | | |
| 6-2 Design, Construction, Installation | | | | |
| 6-3 Numbers & Capacities | | | | |
| 6-4 Location & Placement | | | | |
| 6-5 Maintenance & Operation | | | | |
| 7 POISONOUS OR TOXIC ITEMS | | | | |
| 7-1 Labeling & Identification | | | | |
| 7-2 Supplies & Applications | | | | |
| 7-3 Storage & Display | | | | |

EDUCATION PROVIDED OR COMMENTS

| | |
|---|--------------------------------------|
| RECEIVED BY (PERSON IN CHARGE AT TITLE) | DATE 7/1/2013 |
| INSPECTOR/TELEPHONE NUMBER | EPHS NO. 1126 |
| FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF FOLLOW-UP 7/8/2013 |

[Link To Missouri Food Code](#)