



CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

FOOD ESTABLISHMENT INSPECTION REPORT

DATE	9-3-2013	PAGE 1 OF 2
TIME IN	11:20am	TIME OUT
		11:40am

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 Cape Girardeau/63701		TELEPHONE NUMBER 573-335-8860	REGION 04
		FAX NUMBER	P.H. PRIORITY <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

ESTABLISHMENT TYPE

Bakery C. Store Caterer Deli Grocery Store Institution Mobile
 Restaurant School Senior Center Summer F.P. Tavern Temporary

SEWAGE DISPOSAL: Public Private

WATER SUPPLY: Community Non-Community Private

FROZEN DESSERT: Approved Disapproved Not Applicable

Date Sampled: _____ Satisfactory For Drinking: Y N License Number: _____

PURPOSE

Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP °F	LOCATION	FOOD PRODUCT	TEMP °F	LOCATION
Cottage cheese	43 °F	Buffet	Sliced jalapenos	43 °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 checked="" 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	Eating, tasting, drinking or tobacco use	2-401.11	<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	Hot holding	3-501.16	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Cold holding	3-501.16	<input type="checkbox"/>	<input type="checkbox"/>
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION					<input checked="" 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	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 checked="" 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	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/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	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/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	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 checked="" 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 COS = Corrected on Site OUT = Not In Compliance R = Repeat N/A = Not Applicable N/O = Not Observed				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11	<input type="checkbox"/>	<input type="checkbox"/>	RECEIVED BY (PERSON IN CHARGE/TITLE) _____ DATE 9-3-2013				

INSPECTOR/TELEPHONE NUMBER	EPHIS NO. 1126	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP XXXXXXXXXXXXXXXXXX
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Prevent. Promote. Protect.

CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

FOOD ESTABLISHMENT INSPECTION REPORT

2 OF 2

ESTABLISHMENT NAME BG's Olde Tyme Deli	ADDRESS 205 S. Plaza Way	CITY Cape Girardeau/63701
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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				
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
All violatins corrected.

RECEIVED BY (PERSON IN CHARGE AT TITLE)	DATE		
	9-3-2013		
INSPECTOR/TELEPHONE NUMBER	EPHS NO.	FOLLOW-UP	DATE OF FOLLOW-UP
	1126	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	XXXXXXXXXXXXXXXXXX