



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

|                |                 |
|----------------|-----------------|
| TIME IN 2:15pm | TIME OUT 2:45pm |
| PAGE 1 of 2    |                 |

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:<br><b>Bi State Southern</b>  | OWNER:<br><b>Southern Convenience Stores</b> | PERSON IN CHARGE:<br><b>Andrew Palmer</b> |
| ADDRESS:<br><b>920 N Kingshighway</b>  | ESTABLISHMENT #:<br><b>257</b>               | COUNTY:<br><b>Cape Girardeau</b>          |
| CITY/ZIP:<br><b>Cape Girardeau</b>   | PHONE:<br><b>335-9100</b>                    | FAX:                                      |
| PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  |   |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input checked="" 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 VENDORS<br><input 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"/> TEMP.FOOD <input type="checkbox"/> |  |   |
| FROZEN DESSERT: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____<br>SEWAGE DISPOSAL: <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE<br>WATER SUPPLY: <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ 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                        |
|--|---|--------------------------|--------------------------|--|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A   | Proper cooking, time and temperature                        | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Employee Health</b>   |   |                          |                          | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A   | Proper reheating procedures for hot holding                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A   | Proper cooling time and temperatures                        | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A  | Proper hot holding temperatures                             | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Good Hygienic Practices</b>   |   |                          |                          | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | Proper cold holding temperatures                            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Proper eating, tasting, drinking or tobacco use   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A   | Proper date marking and disposition                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | No discharge from eyes, nose and mouth  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A   | Time as a public health control (procedures / records)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Preventing Contamination by Hands</b>   |   |                          |                          | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | <b>Consumer Advisory</b>                                    | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                   | Hands clean and properly washed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | Consumer advisory provided for raw or undercooked food      | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | <input type="checkbox"/> | <input type="checkbox"/> | <b>Highly Susceptible Populations</b>  |   |                                     |                          |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A   | Pasteurized foods used, prohibited foods not offered        | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Approved Source</b>   |   |                          |                          | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | <b>Chemical</b>   | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | Food additives: approved and properly used                  | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Food received at proper temperature   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Toxic substances properly identified, stored and used       | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  | <input type="checkbox"/> | <input type="checkbox"/> | <b>Conformance with Approved Procedures</b>  |   |                                     |                          |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A  | Compliance with approved Specialized Process and HACCP plan | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Protection from Contamination</b>   |   |                          |                          | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed |   |                                     |                          |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food separated and protected  | <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   | <input type="checkbox"/> | <input type="checkbox"/> |  |   |                                     |                          |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Proper disposition of returned, previously served, reconditioned, and unsafe food           | <input type="checkbox"/> | <input type="checkbox"/> |  |   |                                     |                          |

**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                       |     |   |
| <b>Food Temperature Control</b>         |                                     |   |                                     |   |                                     |     | Single-use/single-service articles: properly stored, used                             |     |   |
|   |                                     | Adequate equipment for temperature control  |                                     |   |                                     |     | Gloves used properly  |     |   |
|   |                                     | Approved thawing methods used   |                                     |   |                                     |     | <b>Utensils, Equipment and Vending</b>  |     |   |
|   |                                     | Thermometers provided and accurate  |                                     |   |                                     |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |                                     |   |                                     |   |                                     |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>     |                                     | Food properly labeled; original container   |                                     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
| <b>Prevention of Food Contamination</b> |                                     |   |                                     |   |                                     |     | <b>Physical Facilities</b>  |     |   |
|   |                                     | Insects, rodents, and animals not present   |                                     |   |                                     |     | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/>     |                                     | Contamination prevented during food preparation, storage and display                |                                     |   |                                     |     | Plumbing installed; proper backflow devices   |     |   |
|   |                                     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |                                     |   |                                     |     | Sewage and wastewater properly disposed   |     |   |
|   | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored   | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|   |                                     | Fruits and vegetables washed before use   |                                     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|   |                                     |   |                                     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|   |  |
|---|--|
| Person in Charge / Title:               | Date: <b>6-11-15</b>   |
| Inspector:                              | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Telephone No. <b>573-335-7846 x 136</b> | Follow-up Date:  |
| EPHS No. <b>947</b>                     |  |



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|----------------|-----------------|
| TIME IN 2:15pm | TIME OUT 2:45pm |
| PAGE 2 of 2    |                 |

|  |  |                                      |                        |                                     |              |
|--|--|--------------------------------------|------------------------|-------------------------------------|--------------|
| ESTABLISHMENT NAME<br><b>Bi State Southern</b> |  | ADDRESS<br><b>920 N Kingshighway</b> |                        | CITY / ZIP<br><b>Cape Girardeau</b> |              |
| FOOD PRODUCT/LOCATION                          |  | TEMP. in ° F                         | FOOD PRODUCT/ LOCATION |                                     | TEMP. in ° F |
|  |  |                                      |                        |                                     |              |
|  |  |                                      |                        |                                     |              |
|  |  |                                      |                        |                                     |              |
|  |  |                                      |                        |                                     |              |
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| Code Reference | PRIORITY ITEMS<br>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> | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

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|----------|---|-----|--|
| 3-501.19 | Using time as a control on warmer for burgers, corndogs, and chicken sandwiches. Items were not marked with discard time; no written plan for using time as a control | COS |  |
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| Code Reference | CORE ITEMS<br>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> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

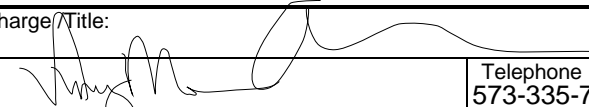
|          |  |         |  |
|----------|--|---------|--|
| 4-501.11 | ice build-up present on small prep freezer where door seals meet the frame | 7-11-15 |  |
| 6-202.15 | light still showing around back door                                       | 7-11-15 |  |
| 3-304.14 | wiping cloths lying out at 3-vat sink and sandwich prep                    | cos     |  |
| 4-5091.1 | cabinet doors under slushie machine are still swollen from water damage    | 7-11-15 |  |
| 6-501.11 | ceiling tiles still missing above soda machine                             | 7-11-15 |  |
| 5-501.17 | still no covered trashcan in ladies room                                   | 7-11-15 |  |
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NOTE: Floor under soda dispensing has been repaired, but concrete has not been sealed yet.

NOTE: The operator attempted to remove debris located behind soda machine. Continue working on removal. Next time machine is serviced, make sure to get it pulled out so proper cleaning can be done.

**EDUCATION PROVIDED OR COMMENTS**

Discussed fees for additional inspections.

|   |  |  |
|---|--|--|
| Person in Charge/Title:  |  | Date: <b>6-11-15</b>   |
| Inspector:  | Telephone No.<br><b>573-335-7846 x 136</b> | EPHS No.<br><b>947</b>   |
|   |  | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   |  | Follow-up Date:  |