



**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		CATERER		GROCERY STORE	
BAKERY	C. STORE	SENIOR CENTER	DELI	TAVERN	INSTITUTION
RESTAURANT	SCHOOL		SUMMER F.P.		TEMP.FOOD
PURPOSE		Complaint		Other	
Pre-opening		Routine		Follow-up	
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					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					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	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			
		Food Temperature Control					Single-use/single-service articles: properly stored, used				
		Adequate equipment for temperature control						Gloves used properly			
		Approved thawing methods used						Utensils, Equipment and Vending			
		Thermometers provided and accurate						Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used				
		Food properly labeled; original container						Nonfood-contact surfaces clean			
		Prevention of Food Contamination					Physical Facilities				
		Insects, rodents, and animals not present						Hot and cold water available; adequate pressure			
		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			
		Wiping cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned			
		Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained			
							Physical facilities installed, maintained, and clean				

Person in Charge /Title: <i>Dennis Browning</i>			Date:		
Inspector: <i>Angy Ma</i>	Telephone No.	EPHS No.	Follow-up: Yes	No	Follow-up Date:



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ESTABLISHMENT NAME	ADDRESS	CITY/ZIP
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

EDUCATION PROVIDED OR COMMENTS	

Person in Charge /Title:	Date:
Inspector: <i>Amy M</i> <i>Dennis B</i>	
Telephone No.	EPHS No.
Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/>	Follow-up Date: