



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

TIME IN 1:20pm	TIME OUT 3:45pm
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: Buffalo Wild Wings		OWNER: Bill Zehlner		PERSON IN CHARGE: James Mosley	
ADDRESS: 2136 William			ESTABLISHMENT #: 0286		COUNTY: Cape Girardeau
CITY/ZIP: Cape Girardeau/63701		PHONE: 573-334-9464		FAX: 573-334-9390	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		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 _____ 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 checked="" type="checkbox"/> <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <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"/>
Employee Health							
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT	Management awareness; policy present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <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"/>
Good Hygienic Practices							
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <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"/>	<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 type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <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"/> <input type="checkbox"/> OUT	Highly Susceptible Populations	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <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"/> <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination							
<input checked="" type="checkbox"/> <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	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			
<input type="checkbox"/> <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> <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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
Utensils, Equipment and Vending									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
Prevention of Food Contamination									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>James Mosley</i>			Date: 1-26-2015		
Inspector: <i>David</i>	Telephone No. 573-335-7846	EPHS No. 1126	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			Follow-up Date: 2-2-2015		



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

TIME IN 1:20pm	TIME OUT 3:45pm
PAGE 2 of 2	

ESTABLISHMENT NAME Buffalo Wild Wings		ADDRESS 2136 William		CITY / ZIP Cape Girardeau/63701		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Ambient Air (AA)/Keg cooler		28	AA/Sandwich prep		41	
AA/Walk-in cooler		34	AA/Vegetable & cheese cooler		34	
AA/Mex cooler		41	Ranch dressing/Wait station		34	
Chili/warmer		165				
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.				Correct by (date)	Initial
4-202.11(A)	Chipped and cracked plasticware				2-2-2015	
3-302.11(A)	Uncooked chicken products stored next to cooked prime rib and shredded cheese				2-2-2015	
4-703.11(C)	Sanitizer in 3-vat sink at bar too strong				2-2-2015	
4-601.11(A)	Vegetable debris in clean slicers				2-2-2015	
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.				Correct by (date)	Initial
4-501.11(A)	Ice bin lid cracked (insulation exposed) on front ice machine				2-2-2015	
2-401.11(E)	Employee drink without lid stored in sandwich prep cooler				2-2-2015	
4-903.11(C)	Open boxes of single service containers stored on floor in the cage				2-2-2015	
3-602.11(A)	Bulk sugar for tea not labeled				2-2-2015	
3-306.12(A)	Sauce dispenser bottles not covered				2-2-2015	

EDUCATION PROVIDED OR COMMENTS

Please keep copies of food safety training for review.

Next Routine Inspection: NRI

Person in Charge /Title: <i>James Masley</i>			Date: 1-26-2015		
Inspector: <i>Dave [Signature]</i>	Telephone No. 573-335-7846	EPHS No. 1126	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: 2-2-2015	