Prevent. Promote. Protect.

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

TIME IN 2:10pm	TIME OUT 3:10pm
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:	OWNER:	PERSON IN CHARGE:
Buffalo Wild Wings	Bill Zehlner	Patty Mungle

ADDRESS:	ESTABLISHMENT #:	COUNTY:
2136 William	0286	Cape Girardeau

CITY/ZIP:	PHONE:	FAX:	P.H. PRIORITY :
Cape Girardeau/63701	573-334-9464	573-334-9390	■ H ☐ M ☐ L

ESTABLISHMENT TYPE
☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS
■ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ SUMMER F.P. ☐ TAVERN ☐ TEMP.FOOD ☐

PURPOSE
☐ Pre-opening ☐ Routine ■ Follow-up ☐ Complaint ☐ Other

FROZEN DESSERT
☐ Approved ☐ Disapproved ■ Not Applicable
License No. _____

SEWAGE DISPOSAL
■ PUBLIC ☐ PRIVATE

WATER SUPPLY
■ COMMUNITY ☐ NON-COMMUNITY ☐ 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
■ OUT	Person in charge present, demonstrates knowledge, and performs duties	☐	☐
	Employee Health		
■ OUT	Management awareness; policy present	☐	☐
■ OUT	Proper use of reporting, restriction and exclusion	☐	☐
	Good Hygienic Practices		
■ OUT N/O	Proper eating, tasting, drinking or tobacco use	☐	☐
■ OUT N/O	No discharge from eyes, nose and mouth	☐	☐
	Preventing Contamination by Hands		
■ OUT N/O	Hands clean and properly washed	☐	☐
■ OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	☐	☐
■ OUT	Adequate handwashing facilities supplied & accessible	☐	☐
	Approved Source		
■ OUT	Food obtained from approved source	☐	☐
■ OUT N/O N/A	Food received at proper temperature	☐	☐
■ OUT	Food in good condition, safe and unadulterated	☐	☐
IN OUT N/O ■N/A	Required records available: shellstock tags, parasite destruction	☐	☐
	Protection from Contamination		
IN ■OUT N/A	Food separated and protected	☐	☐
■ OUT N/A	Food-contact surfaces cleaned & sanitized	☐	☐
■ OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food	☐	☐

Compliance	Potentially Hazardous Foods	COS	R
■ OUT N/O N/A	Proper cooking, time and temperature	☐	☐
■ OUT N/O N/A	Proper reheating procedures for hot holding	☐	☐
■ OUT N/O N/A	Proper cooling time and temperatures	☐	☐
■ OUT N/O N/A	Proper hot holding temperatures	☐	☐
■ OUT N/A	Proper cold holding temperatures	☐	☐
■ OUT N/O N/A	Proper date marking and disposition	☐	☐
IN OUT ■N/O N/A	Time as a public health control (procedures / records)	☐	☐
	Consumer Advisory		
IN OUT ■N/A	Consumer advisory provided for raw or undercooked food	☐	☐
	Highly Susceptible Populations		
IN OUT N/O ■N/A	Pasteurized foods used, prohibited foods not offered	☐	☐
	Chemical		
■ OUT N/A	Food additives: approved and properly used	☐	☐
■ OUT	Toxic substances properly identified, stored and used	☐	☐
	Conformance with Approved Procedures		
IN OUT ■N/A	Compliance with approved Specialized Process and HACCP plan	☐	☐

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

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
X		Pasteurized eggs used where required		
X		Water and ice from approved source		
		Food Temperature Control		
X		Adequate equipment for temperature control		
X		Approved thawing methods used		
X		Thermometers provided and accurate		
		Food Identification		
X		Food properly labeled; original container		
		Prevention of Food Contamination		
X		Insects, rodents, and animals not present		
	X	Contamination prevented during food preparation, storage and display		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry		
X		Wiping cloths: properly used and stored		
X		Fruits and vegetables washed before use		

IN	OUT	Proper Use of Utensils	COS	R
X		In-use utensils: properly stored		
X		Utensils, equipment and linens: properly stored, dried, handled		
X		Single-use/single-service articles: properly stored, used		
X		Gloves used properly		
		Utensils, Equipment and Vending		
X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Warewashing facilities: installed, maintained, used; test strips used		
X		Nonfood-contact surfaces clean		
		Physical Facilities		
X		Hot and cold water available; adequate pressure		
X		Plumbing installed; proper backflow devices		
X		Sewage and wastewater properly disposed		
X		Toilet facilities: properly constructed, supplied, cleaned		
X		Garbage/refuse properly disposed; facilities maintained		
X		Physical facilities installed, maintained, and clean		

Person in Charge /Title: Patty Mungle Date: 2-3-2015

Inspector: Dan Zehner Telephone No. 573-335-7846 EPHS No. 1126

Follow-up: ☑ Yes ☐ No
Follow-up Date: 2-11-2015

CCHD (10-13)

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ESTABLISHMENT NAME	ADDRESS	CITY /ZIP
Buffalo Wild Wings	2136 William	Cape Girardeau/63701

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Ambient Air (AA)/			

Code Reference	**PRIORITY ITEMS** 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

Code Reference	**CORE ITEMS** 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	2-11-2015	
3-306.12(A	Sauce dispenser bottles not covered	2-11-2015	

EDUCATION PROVIDED OR COMMENTS

Next Routine Inspection: NRI

Person in Charge /Title: Potty Murphy			Date: 2-3-2015
Inspector: [signature]	Telephone No. 573-335-7846	EPHS No. 1126	Follow-up: ☑ Yes ☐ No Follow-up Date: 2-11-2015

CCHD (10-13)