



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 BAKERY RESTAURANT	C. STORE SCHOOL	CATERER SENIOR CENTER	DELI SUMMER F.P.	GROCERY STORE TAVERN	INSTITUTION TEMP.FOOD	MOBILE VENDORS
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 Date Sampled _____	PRIVATE	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					
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:				Date:
Inspector:	Telephone No.	EPHS No.	Follow-up: Yes No	
Follow-up Date:				



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

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

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	Date:
Inspector: <i>Natalie Lawrence</i>	Follow-up: Yes No
Telephone No.	Follow-up Date:
EPHS No.	