



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

TIME IN	TIME OUT
PAGE 1 of	

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		MOBILE VENDORS	
Pre-opening		Other			
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					IN	OUT	N/O	N/A			
			Person in charge present, demonstrates knowledge, and performs duties							Proper cooking, time and temperature		
			<b>Employee Health</b>							Proper reheating procedures for hot holding		
			Management awareness; policy present							Proper cooling time and temperatures		
			Proper use of reporting, restriction and exclusion							Proper hot holding temperatures		
			<b>Good Hygienic Practices</b>							Proper cold holding temperatures		
			Proper eating, tasting, drinking or tobacco use							Proper date marking and disposition		
			No discharge from eyes, nose and mouth							Time as a public health control (procedures / records)		
			<b>Preventing Contamination by Hands</b>							<b>Consumer Advisory</b>		
			Hands clean and properly washed							Consumer advisory provided for raw or undercooked food		
			No bare hand contact with ready-to-eat foods or approved alternate method properly followed							<b>Highly Susceptible Populations</b>		
			Adequate handwashing facilities supplied & accessible							Pasteurized foods used, prohibited foods not offered		
			<b>Approved Source</b>							<b>Chemical</b>		
			Food obtained from approved source							Food additives: approved and properly used		
			Food received at proper temperature							Toxic substances properly identified, stored and used		
			Food in good condition, safe and unadulterated							<b>Conformance with Approved Procedures</b>		
			Required records available: shellstock tags, parasite destruction							Compliance with approved Specialized Process and HACCP plan		
			<b>Protection from Contamination</b>							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		
			Food separated and protected									
			Food-contact surfaces cleaned & sanitized									
			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
										In-use utensils: properly stored			
										Utensils, equipment and linens: properly stored, dried, handled			
										Single-use/single-service articles: properly stored, used			
										Gloves used properly			
										<b>Utensils, Equipment and Vending</b>			
										Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
										Warewashing facilities: installed, maintained, used; test strips used			
										Nonfood-contact surfaces clean			
										<b>Physical Facilities</b>			
										Hot and cold water available; adequate pressure			
										Plumbing installed; proper backflow devices			
										Sewage and wastewater properly disposed			
										Toilet facilities: properly constructed, supplied, cleaned			
										Garbage/refuse properly disposed; facilities maintained			
										Physical facilities installed, maintained, and clean			

Person in Charge /Title: <i>[Signature]</i>				Date: _____			
Inspector: <i>[Signature]</i>		Telephone No. _____		EPHS No. _____		Follow-up: Yes No	
Follow-up Date: _____							



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

TIME IN	TIME OUT
PAGE 2 of	

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial

EDUCATION PROVIDED OR COMMENTS	

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