



**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 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	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					
		Employee Health						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					
		Good Hygienic Practices						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)					
		Preventing Contamination by Hands						Consumer Advisory					
		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						Highly Susceptible Populations					
		Adequate handwashing facilities supplied & accessible						Pasteurized foods used, prohibited foods not offered					
		Approved Source						Chemical					
		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						Conformance with Approved Procedures					
		Required records available: shellstock tags, parasite destruction						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					
		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
		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>No signature due to COVID-19</i>	Date:
Inspector: <i>[Signature]</i>	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: <i>No signature due to COVID-19</i>	Date:
Inspector: <i>[Signature]</i>	Telephone No.
EPHS No.	Follow-up: Yes No
	Follow-up Date: