

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

TIME IN TIME OUT

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NEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NOT ECTION, OR SUCH SHORTER PEF S FOR CORRECTIONS SPECIFIEI	RIOD OF TIME AS I	MAY BE SPE	CIFIED	IN WRI	ITING BY T	HE REG	ULATORY AUTHORITY.			
ESTABLISHMENT		OWNER:	MAT RESUL		JUN			PERSON IN CH	ARGE:		
ADDRESS:		1		EST	ABLIS	HMENT #	<u>.</u>	COUNTY:			
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY	: Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		ELI MMER F.P.		GROCI AVERI	ERY STOR N	E	INSTITUTION TEMP.FOOD	MOBILE	VENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSER Approved Di Not Applicable License No.	T SEWAGE DISP sapproved PUBLIC	OSAL PRIVATE		ATER S COMN				COMMUNITY Sampled	PRIVA Result	ΓΕ ts	
	-		CTORS AN								
	preparation practices and employee reaks. Public health interventions							ntrol and Prevention as co	ontributing fa	ctors in	
Compliance	Demonstration of Kn	<b>v</b>		R Co	mplianc	e	Dropor	Potentially Hazardous		С	OS R
IN OUT	Person in charge present, demor and performs duties	<b>.</b>				N/O N/A	•	cooking, time and temper			
IN OUT	Employee Hea Management awareness; policy					N/O N/A N/O N/A		reheating procedures for cooling time and tempera			
IN OUT	Proper use of reporting, restriction	n and exclusion		IN	OUT	N/O N/A	Proper	hot holding temperatures			
IN OUT N/O	Good Hygienic Pra Proper eating, tasting, drinking o			IN IN	OU OUT	T N/A N/O N/A		cold holding temperature date marking and disposi			
IN OUT N/O	No discharge from eyes, nose an					N/O N/A	Time a	s a public health control (			
	Preventing Contamination	on by Hands					records	S) Consumer Adviso	ry		
IN OUT N/O	Hands clean and properly washe	d		IN	OU	T N/A		mer advisory provided for ooked food	raw or		
IN OUT N/O	No bare hand contact with ready						underc	Highly Susceptible Pop	ulations		
IN OUT	approved alternate method prope Adequate handwashing facilities		-		<del>.</del>		Pasteu	rized foods used, prohibit	ed foods not		
	accessible			IN	001	N/O N/A	offered				
IN OUT	Approved Sour Food obtained from approved so			IN	OU	T N/A	Food a	dditives: approved and pr	operly used	_	
IN OUT N/O N/A	Food received at proper tempera	ture		II	N	OUT	Toxic s used	ubstances properly identi	fied, stored a	ind	
IN OUT	Food in good condition, safe and						Co	nformance with Approved			
IN OUT N/O N/A	Required records available: shell destruction	0.1		IN	OU	T N/A		ance with approved Spec	ialized Proce	SS	
IN OUT N/A	Protection from Conta Food separated and protected	amination		The	letter t	to the left o	f each ite	m indicates that item's st	atus at the tir	ne of the	
IN OUT N/A	Food-contact surfaces cleaned &	sanitized			ection.						
IN OUT N/O	Proper disposition of returned, pr	eviously served,		N		n complianc ot applicabl		OUT = not in com N/O = not observ			
	reconditioned, and unsafe food		OOD RETAI				_				
	Good Retail Practices are prevent					hogens, ch	emicals,	and physical objects into	foods.		
IN OUT	Safe Food and Water		COS R	IN	OUT	1		Proper Use of Utensils		COS	S R
	eurized eggs used where required er and ice from approved source					Utensils	, equipm	roperly stored ent and linens: properly s	tored, dried,		
	Food Temperature Contr	ol		_		handled Single-u		-service articles: properly	stored user		
	uate equipment for temperature cor						used prop	perly		<u> </u>	
	oved thawing methods used mometers provided and accurate			_		Food an		sils, Equipment and Vendi d-contact surfaces cleana		/	_
	•					designe	d, constru	ucted, and used			
	Food Identification					strips us	ed	cilities: installed, maintaine	ea, usea; tes	t I	
Food	Provention of Food Contami			_		Nonfood	l-contact	surfaces clean			
	Prevention of Food Contamination Insects, rodents, and animals not present						Physical Facilities Hot and cold water available; adequate pressure				
	amination prevented during food pre display	eparation, storage				Plumbin	g installe	d; proper backflow device	es		
Pers	onal cleanliness: clean outer clothin rnails and jewelry	g, hair restraint,				Sewage	and was	tewater properly disposed	d		
Wipir	ng cloths: properly used and stored							roperly constructed, supp			
Fruits	s and vegetables washed before use	3						properly disposed; facilitie installed, maintained, an		<u>'</u>	
Person in Charge /	Title:			•				Date:			
Inspector:	hours	Telep	ohone No.			EPHS N		Follow-up: Follow-up Date:	Yes		No
CCHD (10-13)	- yanen							i ollow-up Date.			



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

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Code Reference Priority item or injury. Th 	JCT/LOCATION	TEMP. in ° F	DRITY ITEMS	le level, hazards ass ated.		TEMP. ir         Image: Connect by (date)         Image: Connect by (date)<	° F
Code Reference or injury. The code Code		PRIO Imination, prevention or re IMMEDIATE ACTION wit	DRITY ITEMS			Correct by	
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	relate to general sanitation, operating procedures (SSOPs)	operational controls, faciliti	ies or structures, equip	nent design, genera regular inspection	I maintenance or sanitation or as stated.	(date)	
		/					
		EDUCATION F	PROVIDED OR COM	IMENTS			
Person in Charge /Title:		EDUCATION F	PROVIDED OR COM	IMENTS			
	Л. н. см	EDUCATION F	PROVIDED OR COM	IMENTS	Date:		
CCHD (10-13)	Auch	EDUCATION F		IMENTS EPHS No.	Date: Follow-up:	Yes	No
Inspector:		EDUCATION F	PROVIDED OR CON	IMENTS			