



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

TIME IN 10:15 am TIME OUT 10:35 pm
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: Cape West Laundry		OWNER: Cape MO Enterprises		PERSON IN CHARGE: Eva Cort	
ADDRESS: 501 N Silver Springs Road			ESTABLISHMENT #: 0132		COUNTY: 031-500
CITY/ZIP: Cape Girardeau 63701		PHONE: 573-334-9274		FAX:	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD		FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No _____			
SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____			

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	COS	R	Compliance	COS	R
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Management awareness: policy present	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking, time and temperature Proper reheating procedures for hot holding Proper cooling time and temperatures Proper hot holding temperatures Proper cold holding temperatures Proper date marking and disposition Time as a public health control (procedures / records) Consumer advisory provided for raw or undercooked food Pasteurized foods used, prohibited foods not offered Food additives: approved and properly used Toxic substances properly identified, stored and used 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 are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	COS	R	IN	OUT	COS	R
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Person in Charge /Title: Scott Date: 09-14-2017

Inspector: Samuel Brown Telephone No. 335-7846 EPHS No. 1399 Follow-up: Yes No
 Follow-up Date: _____

