



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

TIME IN 2:30 pm	TIME OUT 3:20 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: Casey's General Store		OWNER: Casey's Marketing Company	PERSON IN CHARGE: Alexis
ADDRESS: 1416 W Jackson Blvd		ESTABLISHMENT #: 5440	COUNTY: 031
CITY/ZIP: Jackson 63755		PHONE: 573-204-1862	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L			
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 <input type="checkbox"/>			
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 031-19660		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 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
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking, time and temperature		
Employee Health							
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands							
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination							
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT			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			
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT						
<input checked="" type="checkbox"/>	<input type="checkbox"/> OUT						

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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Gloves used properly		
Utensils, Equipment and Vending									
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification									
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
Prevention of Food Contamination									
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Physical Facilities		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Alexis Miller</i>	Date: 06/27/2016		
Inspector: <i>Samantha Powers</i>	Telephone No. 335-7846	EPHS No. 1399	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date: -----			

