



**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		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	Person in charge present, demonstrates knowledge, and performs duties					IN OUT N/O N/A	Proper cooking, time and temperature				
	Employee Health					IN OUT N/O N/A	Proper reheating procedures for hot holding				
IN OUT	Management awareness; policy present					IN OUT N/O N/A	Proper cooling time and temperatures				
IN OUT	Proper use of reporting, restriction and exclusion					IN OUT N/O N/A	Proper hot holding temperatures				
	Good Hygienic Practices					IN OUT N/A	Proper cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking or tobacco use					IN OUT N/O N/A	Proper date marking and disposition				
IN OUT N/O	No discharge from eyes, nose and mouth					IN OUT N/O N/A	Time as a public health control (procedures / records)				
	Preventing Contamination by Hands						Consumer Advisory				
IN OUT N/O	Hands clean and properly washed					IN OUT N/A	Consumer advisory provided for raw or undercooked food				
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Highly Susceptible Populations				
IN OUT	Adequate handwashing facilities supplied & accessible					IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered				
	Approved Source						Chemical				
IN OUT	Food obtained from approved source					IN OUT N/A	Food additives: approved and properly used				
IN OUT N/O N/A	Food received at proper temperature					IN OUT	Toxic substances properly identified, stored and used				
IN OUT	Food in good condition, safe and unadulterated						Conformance with Approved Procedures				
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction					IN OUT N/A	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					
IN OUT N/A	Food separated and protected										
IN OUT N/A	Food-contact surfaces cleaned & sanitized										
IN OUT N/O	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:				Date:			
Inspector:		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	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

EDUCATION PROVIDED OR COMMENTS

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