



**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	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION	MOBILE VENDORS
BAKERY RESTAURANT	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD	
PURPOSE	Routine	Follow-up	Complaint	Other		
FROZEN DESSERT	SEWAGE DISPOSAL		WATER SUPPLY		NON-COMMUNITY	PRIVATE
Approved    Disapproved	PUBLIC            PRIVATE		COMMUNITY            NON-COMMUNITY		Date Sampled _____	Results _____
Not Applicable						
License No. _____						

**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									
IN	OUT	N/A	Food separated and protected			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-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: <i>Jeff Murray</i>	Date:
Inspector: <i>Karl [Signature]</i>	Telephone No.    EPHS No.    Follow-up:    Yes    No
	Follow-up Date:



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ESTABLISHMENT NAME	ADDRESS	CITY/ZIP
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	<b>PRIORITY ITEMS</b> <small>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b></small>	Correct by (date)	Initial
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Code Reference	<b>CORE ITEMS</b> <small>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b></small>	Correct by (date)	Initial
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Jeff Mung</i>	Date:
Inspector: <i>Randolph</i>	Telephone No.      EPHS No.      Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Date:	