



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

TIME IN 10:30am	TIME OUT 11:45a
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: Conchita International Market		OWNER: Sergio Fuentes	PERSON IN CHARGE: Sergio Fuentes
ADDRESS: 525 N. Silver Springs		ESTABLISHMENT #: 0209	COUNTY: 031-500
CITY/ZIP: Cape Girardeau 63701		PHONE: (573)335-2228	FAX: same
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" 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"/>			
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 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"/> OUT	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT	Management awareness; policy present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Consumer Advisory	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Highly Susceptible Populations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Chemical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Conformance with Approved Procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> ND <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
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			
<input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>				

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"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
		Approved thawing methods used			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"/>		Warewashing facilities: installed, maintained, used; test strips used		
	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
Prevention of Food Contamination					Physical Facilities				
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Sergio Fuentes</i>	Date: 11-26-2013
Inspector: <i>[Signature]</i>	Telephone No. (573)335-7846
	EPHS No. 1139
	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 12-03-2013



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

TIME IN 10:30am TIME OUT 11:45a

PAGE 2 of 2

ESTABLISHMENT NAME Conchita International Market		ADDRESS 525 N. Silver Springs		CITY / ZIP Cape Girardeau 63701	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
ambient air - reach in cooler - grocery		42			
ambient air - reach in produce storage		58			
Shrimp in under counter frig		42			
Code Reference	PRIORITY ITEMS 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.			Correct by (date)	Initial
4-702.11	No sanitizer made up in kitchen for wiping cloths			12-03-2013	[Signature]
4-501.114	No sanitizer rinse made up although washing pans			"	[Signature]
3-501.18	Ready to eat potentially hazardous foods in freezer not labeled/dated			"	[Signature]
3-501.16	Raw eggs sitting out at room temperature			"	[Signature]
Code Reference	CORE ITEMS 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.			Correct by (date)	Initial
4-602.13	Fan vent in walk in cooler soiled			12-03-2013	[Signature]
6-501.18	All hand sinks dirty			"	[Signature]
6-501.12	toilets dirty			"	[Signature]
6-501.12	Several doors soiled on edges			"	[Signature]
6-501.12	Shelfover 3-vat sink greasy			"	[Signature]
4-602.11	Microwave ceiling soiled			"	[Signature]
4-204.112	No thermometer in undercounter refrigerator			"	[Signature]
4-903.11	Cases of single service supplies stored on floor in the storeroom/walk-in cooler			"	[Signature]
4-903.11	Utensil bins with debris in the bottoms			"	[Signature]
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: <i>Victor Fuentes</i>				Date: 11-26-2013	
Inspector: <i>Jane Shibley</i>	Telephone No. (573)335-7846	EPHS No. 1139	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 12-03-2013		