

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

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE

TIME IN	1:4	5pm	TIME OUT 2:30pm		
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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. PERSON IN CHARGE: **ESTABLISHMENT NAME:** OWNER: **Concepcion Martinez** Conchita's International Market Sergio Fuentas ADDRESS: 525 N. Silver Springs ESTABLISHMENT #: 0209 COUNTY: 031-500 FAX: same PHONE: (573)3<u>35-2228</u> Cape Girardeau 63701 P.H. PRIORITY: **■** H M L ☐ DELI☐ SUMMER F.P C. STORE **GROCERY STORE** ■ BAKERY ■ INSTITUTION ■ MOBILE VENDORS RESTAURANT ☐ SCHOOL SENIOR CENTER **TAVERN** TEMP.FOOD Pre-opening ☐ Routine Follow-up ☐ Complaint Other FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY □ PRIVATE □ PRIVATE □ Approved □ Disapproved PUBLIC COMMUNITY □ NON-COMMUNITY Not Applicable Date Sampled Results 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. Demonstration of Knowledge COS Compliance Potentially Hazardous Foods COS Person in charge present, demonstrates knowledge. Proper cooking, time and temperature OUT IN IN OUT N/O N/A and performs duties Employee Health IN OUT N/O N/A Proper reheating procedures for hot holding Management awareness; policy present IN OUT N/O N/A Proper cooling time and temperatures OUT IN N CLIT Proper use of reporting, restriction and exclusion IN OUT N/O N/A Proper hot holding temperatures OUT N/A Proper cold holding temperatures Good Hygienic Practices Proper date marking and disposition IN OUT N/O Proper eating, tasting, drinking or tobacco use T N/O N/A No discharge from eyes, nose and mouth Time as a public health control (procedures / IN OUT N/O IN OUT N/O N/A records) Preventing Contamination by Hands Consumer Advisory Consumer advisory provided for raw or Hands clean and properly washed IN OUT N/O IN OUT N/A undercooked food No bare hand contact with ready-to-eat foods or Highly Susceptible Populations N OUT N/O approved alternate method properly followed Adequate handwashing facilities supplied & Pasteurized foods used, prohibited foods not IN OUT IN OUT N/O N/A П accessible offered Approved Source Chemical IN OUT Food obtained from approved source IN OUT N/A Food additives: approved and properly used Food received at proper temperature Toxic substances properly identified, stored and IN OUT N/O N/A OUT IN used IN OUT Food in good condition, safe and unadulterated Conformance with Approved Procedures Required records available: shellstock tags, parasite Compliance with approved Specialized Process OUT N/A IN OUT N/O N/A IN П and HACCP plan destruction Protection from Contamination Food separated and protected The letter to the left of each item indicates that item's status at the time of the IN OUT N/A inspection. Food-contact surfaces cleaned & sanitized IN OUT N/A IN = in compliance OUT = not in compliance N/A = not applicable Proper disposition of returned, previously served, N/O = not observedOUT N/O IN 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 X 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 Gloves used properly Adequate equipment for temperature control Approved thawing methods used Utensils, Equipment and Vending Thermometers provided and accurate Food and nonfood-contact surfaces cleanable, properly × X designed, constructed, and used Warewashing facilities: installed, maintained, used; test Food Identification strips used X Food properly labeled; original container × Nonfood-contact surfaces clean Prevention of Food Contamination **Physical Facilities** Hot and cold water available; adequate pressure Insects, rodents, and animals not present Contamination prevented during food preparation, storage Plumbing installed; proper backflow devices and display Personal cleanliness: clean outer clothing, hair restraint, Sewage and wastewater properly disposed fingernails and jewelry 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: 12-03-2013 EPHS No. Yes No Inspector: Telephone No. Follow-up: $\overline{\mathbf{r}}$ Trele (573335-7846 1129 Follow-up Date: CCHD (10-13)



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ESTABLISHMENT NAME Conchita's International Market		525 N. Silver Springs			City/zip Cape Girardeau 63701			
FOOD PRODUCT/LOCATION				FOOD PRODUCT/	-		TEMP. in ° F	
2.1	ī					0 11	1 111 1	
Code Reference	Priority items contribute directly to the eli or injury. These items MUST RECEIVE	imination, prevention or re	ORITY ITEMS reduction to an acception 72 hours or as	otable level, hazards as	ssociated with foodborne illness	Correct by (date)	Initial	
	or injury. These items wost receive	IMMEDIATE ACTION W	ithin 72 hours or as	s stated.				
Code Reference	Core items relate to general sanitation, o standard operating procedures (SSOPs)	perational controls, facili	ORE ITEMS ties or structures, ed corrected by the r	uipment design, gener next regular inspectio	ral maintenance or sanitation on or as stated.	Correct by (date)	Initial	
6-501.12	One toilet still dirty					NRI	$-\downarrow$	
6-303.11	Light fixture in one bathroom	going out				MRI	- <i>\</i> /	
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		EDUCATION	PROVIDED OR C	OMMENTS				
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Person in Cl	Person in Charge /Title: Date: 12-03-20							
Inspector: Telephone No. EPHS No. Follow-up:							☑ No	
CCHD (10-13)	Trans. March	[(5/333	55-7846	1129	Follow-up Date:			