



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

TIME IN	9:30am	TIME OUT	10:15am
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: Cottonwood Residential Treatment		OWNER: MO Dept of Mental Health	PERSON IN CHARGE: Sherry Aden
ADDRESS: 1025 N. Sprigg		ESTABLISHMENT #:	COUNTY: 04
CITY/ZIP: Cape Girardeau 63701	PHONE: (573)290-5888	FAX: (573)290-5893	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 type="checkbox"/> GROCERY STORE <input checked="" 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
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 Date Sampled _____	<input type="checkbox"/> 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	
<input type="checkbox"/> IN	<input 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"/> N/O	<input type="checkbox"/> N/A	Proper cooking, time and temperature		
		Employee Health				<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input type="checkbox"/> IN	<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"/> N/O	<input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input type="checkbox"/> IN	<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"/> N/O	<input type="checkbox"/> N/A	Proper hot holding temperatures		
		Good Hygienic Practices				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper cold holding temperatures		
<input type="checkbox"/> IN	<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"/> N/O	<input type="checkbox"/> N/A	Proper date marking and disposition	
<input type="checkbox"/> IN	<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"/> N/O	<input type="checkbox"/> N/A	Time as a public health control (procedures / records)	
		Preventing Contamination by Hands				<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Consumer Advisory			
<input type="checkbox"/> IN	<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"/> N/A	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations					
<input type="checkbox"/> IN	<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"/> N/O	<input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source				Chemical						
<input type="checkbox"/> IN	<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"/> N/A	Food additives: approved and properly used			
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Food received at proper temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	Food in good condition, safe and unadulterated		<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<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"/> 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						
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Food separated and protected		<input type="checkbox"/>							<input type="checkbox"/>
<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		<input type="checkbox"/>							<input type="checkbox"/>
<input type="checkbox"/> IN	<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
		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			
<input checked="" type="checkbox"/> X		Thermometers provided and accurate						Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/> X		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>[Signature]</i>		Date:	03-18-2014
Inspector:	<i>[Signature]</i>	Telephone No.	(573)335-7846	EPHS No.	1129
				Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Follow-up Date:	



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
ambient air - frig Cottage D	40		
ambient air - frig Cottage C	35		

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

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
3-305.11	Assorted ready to eat foods stored in bin with raw eggs - corrected permanent correction devised		<i>(Signature)</i>

EDUCATION PROVIDED OR COMMENTS

All corrections made. Thank you!

Person in Charge /Title: <i>(Signature)</i>	Date: 03-18-2014
Inspector: <i>(Signature)</i>	Telephone No. (573)335-7846
	EPHS No. 1129
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: