



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

TIME IN 8:55 am	TIME OUT 9:15 am
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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: 2 Sides Grillin'		OWNER: Bobby and Crystal Sides		PERSON IN CHARGE: Bobby Sides	
ADDRESS: 133 Ryerson Rd			ESTABLISHMENT #:		COUNTY: 031
CITY/ZIP: Benton 63736		PHONE: 573-382-4007		FAX:	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input 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 <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"/>	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> OUT N/O 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"/> N/A	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Management awareness; policy present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	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/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"/> N/A	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	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/A	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	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/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"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/>	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"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	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"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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"/> N/A	Chemical		
<input checked="" type="checkbox"/>	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"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <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"/> N/A	Toxic substances properly identified, stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <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	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination						
<input checked="" type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>		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 checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	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	COS	R	IN	OUT	COS	R
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Person in Charge /Title: <i>Crystal Sides</i>			Date: 3-7-2014		
Inspector: <i>Samantha Brown</i>	Telephone No. 335-7846	EPHS No. 1399/1450	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date: -----		

Matalie Green



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PAGE 2 of 2	

ESTABLISHMENT NAME 2 Sides Grillin'		ADDRESS 133 Ryerson Rd		CITY/ZIP Benton 63736	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
ambient air/cooler		40.8			
pork steak/hot holding		152.2			

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

No violations at this time. Approved for annual permit.

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

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Crystal Lewis</i>	Date: 3-7-2014
Inspector: <i>Jamie Brewer</i>	Telephone No. 335-7846
	EPHS No. 1399/1450
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: -----

Matalie Gower