FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME: Cape Mart
OWNER: Sharfaiz Alam
PERSON IN CHARGE:

ADDRESS: 238 N Fountain St
CITY/ZIP: Cape Girardeau 63701
PHONE: 573-290-0071
FAX: 

ESTABLISHMENT #: 5281
COUNTY: 031-500

Purpose
- Pre-opening
- Routine
- Follow-up
- Complaint
- Other

FROZEN DESSERT
- Approved
- Disapproved
- Not Applicable

SEWAGE DISPOSAL
- PUBLIC
- PRIVATE

WATER SUPPLY
- COMMUNITY
- NON-COMMUNITY

In accordance with the regulations established by the Environmental Health Section of the Cape Girardeau County Public Health Center, the following food establishment inspection was conducted:

**FOOD ESTABLISHMENT INSPECTION REPORT**

**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 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.

<table>
<thead>
<tr>
<th>RISK FACTORS AND INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factors</strong> 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.</td>
</tr>
</tbody>
</table>

**Compliance**

- In the box
- Out in compliance
- N/A when not applicable

**Demonstration of Knowledge**

<table>
<thead>
<tr>
<th><strong>COS</strong></th>
<th>R Compliance</th>
<th><strong>Potentially Hazardous Foods</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In</td>
<td>Out</td>
<td>N/O</td>
</tr>
</tbody>
</table>

**Employee Health**

- Management awareness; policy present
- Proper use of reporting, restriction and exclusion

**Good Hygienic Practices**

- Proper eating, lasting, drinking or tobacco use
- No discharge from eyes, nose and mouth

**Preventing Contamination by Hands**

- Hands clean and properly washed
- Adequate handwashing facilities supplied & accessible

**Approved Source**

- Food obtained from approved source
- Food received at proper temperature
- Food in good condition, safe and unadulterated

**Protection from Contamination**

- Food separated and protected
- Food-contact surfaces cleaned & sanitized
- Proper disposition of returned, previously served, reconditioned, and unsafe food

**Safe Food and Water**

- Pasteurized eggs used where required
- Water and ice from approved source

**Food Temperature Control**

- Adequate equipment for temperature control
- Approved thawing methods used

**Thermometers provided and accurate**

- Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used

**Food Identification**

- Food properly labeled; original container

**Prevention of Food Contamination**

- Pasteurized foods used, prohibited foods not offered
- Consumer advisory provided for raw or undercooked food

**Chemical**

- Food additives; approved and properly used
- Toxic substances properly identified, stored and used

**Conformance with Approved Procedures**

- Compliance with approved Specialized Process and HACCP plan

**Globally Recognized Standards**

- 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

**GOOD RETAIL PRACTICES**

- Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

**Person in Charge / Title:**

**Telephone No.:** 335-7846

**EPHS No.:** 1399

**Date:** 06-01-2016

**Follow-up:** Yes [ ] No [ ]

**Follow-up Date:** -----
<table>
<thead>
<tr>
<th>FOOD PRODUCT/LOCATION</th>
<th>TEMP. in ° F</th>
<th>FOOD PRODUCT/LOCATION</th>
<th>TEMP. in ° F</th>
</tr>
</thead>
<tbody>
<tr>
<td>ambient air/milk and sandwich cooler</td>
<td>41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reference</th>
<th>PRIORITY ITEMS</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-301.11</td>
<td>Dish soap stored over and next to cereal on shelving in store</td>
<td>ASAP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Core Items**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reference</th>
<th>CORE ITEMS</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-205.11a</td>
<td>Hand sink blocked with boxes and equipment</td>
<td>NRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-301.12</td>
<td>No paper towels at hand sink</td>
<td>NRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-301.12</td>
<td>3-compartment sink is blocked by boxes and equipment</td>
<td>NRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-301.11</td>
<td>No soap at hand sink</td>
<td>NRI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION PROVIDED OR COMMENTS**

Person in Charge / Title: [Signature]

Date: 06-01-2016

Inspector: [Signature]

Follow-up: Yes [ ] No [ ]

Follow-up Date: [Date]