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.

ESTABLISHMENT NAME: Cape West Laundry
OWNER: Cape MO Enterprises
PERSON IN CHARGE: June Collier
ADDRESS: 501 N Silver Springs
CITY/ZIP: Cape Girardeau 63701
PHONE: 573-334-9247
FAX: none
ESTABLISHMENT #: 0132
COUNTY: 031-500
P.H. PRIORITY: H M L

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
--- | --- | --- | --- | --- | --- | --- | ---
| Person in charge present, demonstrates knowledge, and performs duties | IN | OUT | N/O | Proper cooking, time and temperature | N/O | OUT
| Employee Health | Management awareness; policy present | N/O | OUT | Proper reheating procedures for hot holding | OUT | N/O | N/A
| Proper use of reporting, restriction and exclusion | N/O | IN | OUT | Proper cooling time and temperatures | OUT | N/O | N/A

Good Hygienic Practices

| Good Hygienic Practices | Proper eating, tasting, drinking or tobacco use | N/O | OUT | Proper cold holding temperatures | OUT | N/O | N/A
| No discharge from eyes, nose and mouth | N/O | IN | OUT | Time as a public health control (procedures / records) | OUT | N/O | N/A

Preventing Contamination by Hands

| Preventing Contamination by Hands | Hands clean and properly washed | N/O | OUT | Consumer Advisory | N/O | OUT
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | N/O | OUT | N/O | Highly Susceptible Populations | N/O | OUT
| Adequate handwashing facilities supplied & accessible | N/O | IN | OUT | Pasteurized foods used, prohibited foods not offered | OUT | N/O | N/A

Approved Source

| Approved Source | Food obtained from approved source | N/O | OUT | Chemical | N/O | OUT
| Food received at proper temperature | IN | OUT | N/O | N/A | N/A
| Food in good condition, safe and unadulterated | IN | OUT | N/O | N/A | N/A

Required records available: shellstock tags, parasite destruction

| Required records available: shellstock tags, parasite destruction | IN | OUT | N/O | Complaince with approved Specialized Process and HACCP plan | OUT | N/O | N/A

Protection from Contamination

| Protection from Contamination | Food separated and protected | N/O | OUT | N/O | IN | OUT | N/A
| Food-contact surfaces cleaned & sanitized | OUT | N/O | N/A | N/O | N/O | N/A
| Proper disposition of returned, previously served, reconditioned, and unsafe food | N/O | OUT | N/O | N/O | N/O | N/A

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 | PROVENANCE OF FOOD CONTAMINATION | COS | R
| PASTEURIZED EGGS USED WHERE REQUIRED | X | IN-USE UTENSILS: PROPERLY STORED
| WATER AND ICE FROM APPROVED SOURCE | X | UTENSILS, EQUIPMENT AND LINENS: PROPERLY STORED, DRIED, HANDLED
| ADEQUATE EQUIPMENT FOR TEMPERATURE CONTROL | X | GLOVES USED PROPERLY
| APPROVED THAWING METHODS USED | X | UTENSILS, EQUIPMENT AND VENDING
| THERMOMETERS PROVIDED AND ACCURATE | X | FOOD AND NONFOOD-CONTACT SURFACES CLEANABLE, PROPERLY DESIGNED, CONSTRUCTED, AND USED
| FOOD IDENTIFICATION | X | WAREWASHING FACILITIES: INSTALLED, MAINTAINED, USED; TEST STRIPS USED
| FOOD PROPERLY Labeled; ORIGINAL CONTAINER | X | NONFOOD-CONTACT SURFACES CLEAN
| PREVENTION OF FOOD CONTAMINATION | Physical Facilities | X | HOT AND COLD WATER AVAILABLE; ADEQUATE PRESSURE
| CONTAMINATION PREVENTED DURING FOOD PREPARATION, STORAGE AND DISPLAY | Plumbing installed; proper backflow devices | X | SEWAGE AND WASTEWATER PROPERLY DISPOSED
| PERSONAL CLEANLINESS: CLEAN OUTER CLOTHING, HAIR RESTRAINT, FINGERNAILS AND JEWELRY | X | TOILET FACILITIES; PROPERLY CONSTRUCTED, SUPPLIED, CLEANED
| WIPING CLOths: PROPERLY USED AND STORED | X | GARBAGE/REFUSE PROPERLY DISPOSED; FACILITIES MAINTAINED
| FRUITS AND VEGETABLES WASHED BEFORE USE | PHYSICAL FACILITIES INSTALLED, MAINTAINED, AND CLEAN

Person in Charge /Title: Inspectors: Telephone No. 573-335-7846 EPHS No. 1129
Date: 08-18-2015
Follow-up: Yes No
Follow-up Date: xxxxxxxxxxxx
## Food Establishment Inspection Report

**Establishment Name:** Cape West Laundry  
**Address:** 501 N Silver Springs  
**City/Zip:** Cape Girardeau 63701

<table>
<thead>
<tr>
<th>Time</th>
<th>Temp. in °F</th>
<th>Supplier/Location</th>
<th>Temp. in °F</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30am</td>
<td>ambient air - drink display case</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>9:45am</td>
<td>container of ant bait under sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>unlabelled jug of liquid under sink</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.**

- **7-202.12** container of ant bait under sink - discarded
- **7-102.11** unlabelled jug of liquid under sink - discarded

### 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.**

- **6-501.114** Clutter - disorder under sink  
  Correct by: NRI  
  Initial: ✔
- **4-601.11** fan guard in cooler soiled

#### Education Provided or Comments

**Person in Charge/Title:**  
**Date:** 08-18-2015  
**Inspector:**  
**Telephone No.:** 573-335-7846  
**EPHS No.:** 1129  
**Follow-up:** Yes  
**Follow-up Date:** xxxxxxxxxxxxx