



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

TIME IN	9:45am	TIME OUT	10:45am
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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: A.C. Brase Arena Building		OWNER: City of Cape Girardeau		PERSON IN CHARGE: Tony Weatherby	
ADDRESS: 410 Kiwanis			ESTABLISHMENT #: 5149		COUNTY: 031-500
CITY/ZIP: Cape Girardeau 63701		PHONE: 573-339-6340		FAX: 573-339-6393	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		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 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 checked="" type="checkbox"/> rental facilities			
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A	Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health						
<input type="checkbox"/>	Management awareness; policy present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices						
<input 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/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
<input 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/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
	Preventing Contamination by Hands						
<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	<input type="checkbox"/>	<input type="checkbox"/>		Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Consumer Advisory		
	Approved Source				Consumer advisory provided for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> OUT	Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Food in good condition, safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>		Chemical		
<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination				Toxic substances properly identified, stored and used	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>		Conformance with Approved Procedures		
<input type="checkbox"/>	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Compliance with approved Specialized Process and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<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		

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		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
	X	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		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use				X	Garbage/refuse properly disposed; facilities maintained		
						X	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Tony Weatherby</i>			Date: 11-15-2016		
Inspector: <i>Doreen Medley</i>	Telephone No. 573-335-7846	EPHS No. 1129	Follow-up:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
			Follow-up Date: XXXXXXXXXXXXX		



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ESTABLISHMENT NAME A.C.Braser Arena Building		ADDRESS 410 Kiwanis		CITY /ZIP Cape Girardeau 63701	
FOOD PRODUCT/LOCATION ambient air - 2 dr kitchen cooler		TEMP. in ° F 37	FOOD PRODUCT/ LOCATION ambient air - 2 dr cooler by walk in		TEMP. in ° F 36
ambient air - white reach-in					
Code Reference	PRIORITY ITEMS			Correct by (date)	Initial
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.					
4-702.11	No sanitizer in evidence -corrected				
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.					
4-903.11	Boxes of plastic bags, cases of styro to-gos on floors of storerooms. Al pans rt side up - uncovered			NRI	
3-305.11	Boxes of pasta in bags on floor of storeroom. Cases of frozen bread on floor of walk in.			"	
6-501.11	Hole in the wall behind the ice machine.			"	
6-303.11	Better light needed in walk in freezer.			"	
4-204.112	No thermometer in white reach in fridge.			"	
3-302.11	No shelves in reach in freezer - cases of food piled on each other.			"	
	Cleaning up after huge spaghetti dinner....				
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: <i>Tony Wardley</i>				Date: 11-15-2016	
Inspector: <i>Donnell Medley</i>	Telephone No. 573-335-7846	EPHS No. 1129	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: xxxxxxxxxxxxxx		