



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

TIME IN	TIME OUT
PAGE 1 of	

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:		OWNER:		PERSON IN CHARGE:			
ADDRESS:			ESTABLISHMENT #:		COUNTY:		
CITY/ZIP:		PHONE:	FAX:		P.H. PRIORITY : H M L		
ESTABLISHMENT TYPE							
BAKERY	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION	MOBILE VENDORS	
RESTAURANT	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD		
PURPOSE							
Pre-opening	Routine	Follow-up	Complaint	Other			
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY		NON-COMMUNITY	PRIVATE
Approved	Disapproved	PUBLIC	PRIVATE	COMMUNITY	Date Sampled	Results	
Not Applicable							
License No.							

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
IN	Person in charge present, demonstrates knowledge, and performs duties					IN	Proper cooking, time and temperature				
OUT	Employee Health					OUT	Proper reheating procedures for hot holding				
IN	Management awareness; policy present					N/O	Proper cooling time and temperatures				
IN	Proper use of reporting, restriction and exclusion					N/A	Proper hot holding temperatures				
IN	Good Hygienic Practices					IN	Proper cold holding temperatures				
OUT	Proper eating, tasting, drinking or tobacco use					OUT	Proper date marking and disposition				
N/O	No discharge from eyes, nose and mouth					N/A	Time as a public health control (procedures / records)				
IN	Preventing Contamination by Hands					IN	Consumer Advisory				
OUT	Hands clean and properly washed					OUT	Consumer advisory provided for raw or undercooked food				
N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					N/A	Highly Susceptible Populations				
IN	Adequate handwashing facilities supplied & accessible					IN	Pasteurized foods used, prohibited foods not offered				
OUT	Approved Source					OUT	Chemical				
N/A	Food obtained from approved source					N/A	Food additives: approved and properly used				
IN	Food received at proper temperature					IN	Toxic substances properly identified, stored and used				
OUT	Food in good condition, safe and unadulterated					OUT	Conformance with Approved Procedures				
N/A	Required records available: shellstock tags, parasite destruction					IN	Compliance with approved Specialized Process and HACCP plan				
IN	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					
OUT	Food separated and protected										
N/A	Food-contact surfaces cleaned & sanitized										
IN	Proper disposition of returned, previously served, reconditioned, and unsafe food										

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		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					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>Patricia Harris</i>					Date:					
Inspector: <i>Kae Ryn</i>			Telephone No.		EPHS No.		Follow-up: Yes No			
Follow-up Date:										



Prevent. Promote. Protect.

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

TIME IN	TIME OUT
PAGE 2 of	

ESTABLISHMENT NAME			ADDRESS			CITY / ZIP			
FOOD PRODUCT/LOCATION			TEMP. in ° F	FOOD PRODUCT/ LOCATION			TEMP. in ° F		
Code Reference	PRIORITY ITEMS						Correct by (date)	Initial	
<small>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.</small>									
Code Reference	CORE ITEMS						Correct by (date)	Initial	
<small>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.</small>									

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Oatman Harris</i>					Date:		
Inspector: <i>Kenlyh</i>		Telephone No.		EPHS No.		Follow-up: Yes No	
					Follow-up Date:		