



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

TIME IN	TIME OUT
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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:		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
RESTAURANT	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD
MOBILE VENDORS					
PURPOSE					
Pre-opening		Routine		Follow-up	
		Complaint		Other	
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
Approved Disapproved		PUBLIC PRIVATE		COMMUNITY NON-COMMUNITY	
Not Applicable				Date Sampled _____	
License No. _____				PRIVATE 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	
IN	OUT							IN	OUT	N/O	N/A			
		Person in charge present, demonstrates knowledge, and performs duties							Proper cooking, time and temperature					
Employee Health														
		Management awareness; policy present							Proper reheating procedures for hot holding					
		Proper use of reporting, restriction and exclusion							Proper cooling time and temperatures					
									Proper hot holding temperatures					
									Proper cold holding temperatures					
		Proper eating, tasting, drinking or tobacco use							Proper date marking and disposition					
		No discharge from eyes, nose and mouth							Time as a public health control (procedures / records)					
Preventing Contamination by Hands														
		Hands clean and properly washed							Consumer Advisory					
									Consumer advisory provided for raw or undercooked food					
		No bare hand contact with ready-to-eat foods or approved alternate method properly followed							Highly Susceptible Populations					
		Adequate handwashing facilities supplied & accessible							Pasteurized foods used, prohibited foods not offered					
Approved Source														
		Food obtained from approved source							Chemical					
		Food received at proper temperature							Food additives: approved and properly used					
		Food in good condition, safe and unadulterated							Toxic substances properly identified, stored and used					
		Required records available: shellstock tags, parasite destruction							Conformance with Approved Procedures					
		Proper disposition of returned, previously served, reconditioned, and unsafe food							Compliance with approved Specialized Process and HACCP plan					
		Food separated and protected						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						
		Food-contact surfaces cleaned & sanitized												
		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															
		Adequate equipment for temperature control								Single-use/single-service articles: properly stored, used					
		Approved thawing methods used								Gloves used properly					
		Thermometers provided and accurate								Utensils, Equipment and Vending					
										Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					
										Warewashing facilities: installed, maintained, used; test strips used					
		Food properly labeled; original container								Nonfood-contact surfaces clean					
Prevention of Food Contamination															
		Insects, rodents, and animals not present								Physical Facilities					
		Contamination prevented during food preparation, storage and display								Hot and cold water available; adequate pressure					
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry								Plumbing installed; proper backflow devices					
		Wiping cloths: properly used and stored								Sewage and wastewater properly disposed					
		Fruits and vegetables washed before use								Toilet facilities: properly constructed, supplied, cleaned					
										Garbage/refuse properly disposed; facilities maintained					
										Physical facilities installed, maintained, and clean					

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



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ESTABLISHMENT NAME	ADDRESS		CITY/ZIP
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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

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>Pandy Harris</i>		Date:	
Inspector: <i>Maria Rundy</i>	Telephone No.	EPHS No.	Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Follow-up Date:	