



**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 #:				
CITY/ZIP:	PHONE:	FAX:				
COUNTY:						
ESTABLISHMENT TYPE	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION	MOBILE VENDORS
BAKERY 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	
Approved Disapproved	PUBLIC PRIVATE	COMMUNITY	PRIVATE		Results	
Not Applicable					Date Sampled _____	
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	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O	N/A	Proper cooking, time and temperature		
		Employee Health				IN	OUT	N/O	N/A	Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present				IN	OUT	N/O	N/A	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A	Proper hot holding temperatures		
		Good Hygienic Practices				IN	OUT	N/A		Proper cold holding temperatures		
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	N/A	Proper date marking and disposition		
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	N/A	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands								Consumer Advisory		
IN	OUT	N/O	Hands clean and properly washed			IN	OUT	N/A		Consumer advisory provided for raw or undercooked food		
IN	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed							Highly Susceptible Populations		
IN	OUT		Adequate handwashing facilities supplied & accessible			IN	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source								Chemical		
IN	OUT	Food obtained from approved source				IN	OUT	N/A		Food additives: approved and properly used		
IN	OUT	N/O	N/A	Food received at proper temperature		IN	OUT			Toxic substances properly identified, stored and used		
IN	OUT	Food in good condition, safe and unadulterated								Conformance with Approved Procedures		
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction		IN	OUT	N/A		Compliance with approved Specialized Process and HACCP plan		
		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		
IN	OUT	N/A	Food separated and protected									
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized									
IN	OUT	N/O	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>Chris Wells</i>		Date:
Inspector: <i>[Signature]</i>	Telephone No. _____	EPHS No. _____
Follow-up: Yes No		Follow-up Date: _____



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ESTABLISHMENT NAME	ADDRESS	CITY /ZIP
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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
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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
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EDUCATION PROVIDED OR COMMENTS			

Person in Charge /Title: <i>Chris Well</i>	Date:
Inspector: <i>[Signature]</i>	Telephone No. EPHS No.
Follow-up: Yes No	Follow-up Date: