



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	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION
BAKERY	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD
RESTAURANT					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							Proper reheating procedures for hot holding		
IN	OUT		Management awareness; policy present				IN	OUT	N/O	N/A		
IN	OUT		Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A		
			Good Hygienic Practices				IN	OUT	N/A			
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use				IN	OUT	N/O	N/A		
IN	OUT	N/O	No discharge from eyes, nose and mouth				IN	OUT	N/O	N/A		
			Preventing Contamination by Hands								Consumer Advisory	
IN	OUT	N/O	Hands clean and properly washed				IN	OUT	N/A			
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		
			Approved Source								Chemical	
IN	OUT		Food obtained from approved source				IN	OUT	N/A			
IN	OUT	N/O	N/A	Food received at proper temperature				IN	OUT			
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		
			Protection from Contamination								Compliance with approved Specialized Process and HACCP plan	
IN	OUT	N/A	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					
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	COS	R	IN	OUT	COS	R
				Safe Food and Water			
						Proper Use of Utensils	
						In-use utensils: properly stored	
						Utensils, equipment and linens: properly stored, dried, handled	
						Single-use/single-service articles: properly stored, used	
						Gloves used properly	
						Utensils, Equipment and Vending	
						Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	
						Warewashing facilities: installed, maintained, used; test strips used	
						Nonfood-contact surfaces clean	
						Physical Facilities	
						Hot and cold water available; adequate pressure	
						Plumbing installed; proper backflow devices	
						Sewage and wastewater properly disposed	
						Toilet facilities: properly constructed, supplied, cleaned	
						Garbage/refuse properly disposed; facilities maintained	
						Physical facilities installed, maintained, and clean	

Person in Charge /Title: <i>Roy M. Rhodes</i>	Date:
Inspector: <i>Karen</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	

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.			

Code Reference	CORE ITEMS	Correct by (date)	Initial
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.			

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Ron M. Rhodes</i>			Date:	
Inspector: <i>Haron</i>	Telephone No.	EPHS No.	Follow-up:	Yes No
			Follow-up Date:	

CCHD (10-13)