



**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		CATERER		GROCERY STORE	
BAKERY	C. STORE	SENIOR CENTER	DELI	TAVERN	INSTITUTION
RESTAURANT	SCHOOL		SUMMER F.P.		TEMP.FOOD
PURPOSE		Complaint		MOBILE VENDORS	
Pre-opening		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	Person in charge present, demonstrates knowledge, and performs duties				IN OUT N/O N/A	Proper cooking, time and temperature		
		<b>Employee Health</b>						
IN OUT	Management awareness; policy present				IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion				IN OUT N/O N/A	Proper cooling time and temperatures		
		<b>Good Hygienic Practices</b>						
IN OUT N/O	Proper eating, tasting, drinking or tobacco use				IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/O	No discharge from eyes, nose and mouth				IN OUT N/O N/A	Proper cold holding temperatures		
		<b>Preventing Contamination by Hands</b>						
IN OUT N/O	Hands clean and properly washed				IN OUT N/A	Proper date marking and disposition		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A	Consumer Advisory		
		<b>Approved Source</b>						
IN OUT	Food obtained from approved source				IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O N/A	Food received at proper temperature				IN OUT	Highly Susceptible Populations		
IN OUT	Food in good condition, safe and unadulterated					Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction				IN OUT N/A	Chemical		
		<b>Protection from Contamination</b>						
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	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		
		<b>Food Temperature Control</b>							
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate					<b>Utensils, Equipment and Vending</b>		
							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>							
		Food properly labeled; original container					Warewashing facilities: installed, maintained, used; test strips used		
		<b>Prevention of Food Contamination</b>							
		Insects, rodents, and animals not present					Nonfood-contact surfaces clean		
		Contamination prevented during food preparation, storage and display					<b>Physical Facilities</b>		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Hot and cold water available; adequate pressure		
		Wiping cloths: properly used and stored					Plumbing installed; proper backflow devices		
		Fruits and vegetables washed before use					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>MK Kyle</i>				Date:	
Inspector: <i>Maria Lundy</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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial

EDUCATION PROVIDED OR COMMENTS

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Person in Charge /Title: <i>MK Kyle</i>	Date:
Inspector: <i>Maria Lundy</i>	Telephone No.
EPHS No.	Follow-up: Yes No
	Follow-up Date: