



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				
		Good Hygienic Practices									Proper hot holding temperatures				
		Proper eating, tasting, drinking or tobacco use									Proper cold holding temperatures				
		No discharge from eyes, nose and mouth									Proper date marking and disposition				
		Preventing Contamination by Hands									Time as a public health control (procedures / records)				
		Hands clean and properly washed									Consumer Advisory				
		Consumer advisory provided for raw or undercooked food									Highly Susceptible Populations				
		No bare hand contact with ready-to-eat foods or approved alternate method properly followed									Pasteurized foods used, prohibited foods not offered				
		Adequate handwashing facilities supplied & accessible									Chemical				
		Approved Source									Food additives: approved and properly used				
		Food obtained from approved source									Toxic substances properly identified, stored and used				
		Food received at proper temperature									Conformance with Approved Procedures				
		Food in good condition, safe and unadulterated									Compliance with approved Specialized Process and HACCP plan				
		Required records available: shellstock tags, parasite destruction									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				
		Protection from Contamination													
		Food separated and protected													
		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							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>Branly Gibson</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. 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>Brandy Gibson</i>	Date:			
Inspector: <i>Maria Lundy</i>	Telephone No.	EPHS No.	Follow-up: Yes No	Follow-up Date: