



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

| | |
|----------------|------------------|
| TIME IN 9:00am | TIME OUT 10:15am |
| PAGE 1 of 2 | |

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: Amerimart # 3 | OWNER: LL Investment LLC | PERSON IN CHARGE: Cindy Kile |
| ADDRESS: 1803 Independence | ESTABLISHMENT #: 2299 | COUNTY: 031-500 |
| CITY/ZIP: Cape Girardeau 63701 | PHONE: 573-338-4860 | FAX: none |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____ | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ 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 |
|---|---|--------------------------|--------------------------|--|---|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Proper cooking, time and temperature | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Proper reheating procedures for hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Proper cooling time and temperatures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Proper hot holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Proper cold holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Proper eating, tasting, drinking or tobacco use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Proper date marking and disposition | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | No discharge from eyes, nose and mouth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Time as a public health control (procedures / records) | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Consumer Advisory | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | Hands clean and properly washed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Highly Susceptible Populations | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Chemical | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Food additives: approved and properly used | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Food received at proper temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Toxic substances properly identified, stored and used | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Conformance with Approved Procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND <input type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> ND | Proper disposition of returned, previously served, reconditioned, and unsafe food | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

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 |
|---|-------------------------------------|---|-----|---|-------------------------------------|-------------------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | | Pasteurized eggs used where required | | | | | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | | Water and ice from approved source | | | | <input checked="" type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled | | |
| Food Temperature Control | | | | | <input checked="" type="checkbox"/> | | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | | Adequate equipment for temperature control | | | | | Gloves used properly | | |
| <input checked="" type="checkbox"/> | | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| | <input checked="" type="checkbox"/> | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| Food Identification | | | | | <input checked="" type="checkbox"/> | | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | | Nonfood-contact surfaces clean | | |
| Prevention of Food Contamination | | | | | <input checked="" type="checkbox"/> | | Physical Facilities | | |
| <input checked="" type="checkbox"/> | | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | | Hot and cold water available; adequate pressure | | |
| <input checked="" type="checkbox"/> | | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | | Sewage and wastewater properly disposed | | |
| | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | | Physical facilities installed, maintained, and clean | | |

| | |
|---|--|
| Person in Charge /Title: <i>Cindy Kile</i> | Date: 12-10-2015 |
| Inspector: <i>[Signature]</i> | Telephone No. 573-335-7846 |
| EPHS No. 1129 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Follow-up Date: 12-15-2015 |



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

| | |
|----------------|------------------|
| TIME IN 9:00am | TIME OUT 10:15am |
| PAGE 2 of 2 | |

| | | | | | | |
|--|--|-------------------------------------|--|---|----------------------------|---------|
| ESTABLISHMENT NAME Amerimart # 3 | | ADDRESS 1803 Independence | | CITY / ZIP Cape Girardeau 63701 | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F | |
| ambient air - walk in cooler | | 41 | ambient air- Landshire cooler | | 29 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 |
| 7-204.11 | Ssnitizer in spray bottle extremely strong - no other made up - corrected | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 |
| 6-501.114 | Clutter around front hand sink - returns etc. | | | | | |
| 53-30-205 | Hand sink used for ware washing | | | | | |
| 4-501.16 | Warewashing sink used for assorted purposes other than warewashing | | | | | |
| 3-304.12 | Large ice scoop stored right side up - meltwater | | | | | |
| 3-305.11 | Rip It dispayed on undrained ice - water bottles in meltwater | | | | | |
| 3-304.14 | Dry wiping cloths in use | | | | | |
| 5-501.113 | Dumpster lids open | | | | | |
| 6-501.12 | Accumulated soil on threshold to cooler | | | | | |
| | Waste paper etc. clutter on storeroom floor | | | | | |
| 4-203.11 | Inaccurate thermometer in walk in cooler | | | | | |
| 6-501.11 | tile baseboard piece missing by back door | | | | | |
| 4-904.11 | Hot dog clamshells - soda cups not protected in display | | | | | |
| 6-501.16 | Wet mop dumped in drain basket of mop bucket | | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | | |
| | | | | | | |
| | | | | | | |
| Person in Charge /Title: <i>Cindy Killy</i> | | | | | Date: 12-10-2015 | |
| Inspector: <i>Jane M. Kelly</i> | Telephone No. 573-335-7846 | EPHS No. 1129 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Follow-up Date: 12-15-2015 | |