



# CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

DATE	8-28-2013	PAGE 1 OF 2	
TIME IN	2:10 pm	TIME OUT	3:00 pm

## FOOD ESTABLISHMENT INSPECTION REPORT

PRINT  
RESET SAVE

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 <b>Arby's</b>		OWNER <b>Arby's Restaurant Group</b>	PERSON IN CHARGE <b>Stephanie</b>
ADDRESS <b>2975 Jackson Blvd</b>		ESTABLISHMENT LICENSE NO. <b>5171</b>	COUNTY <b>031</b>
CITY/ZIP CODE <b>Jackson 63755</b>		TELEPHONE NUMBER <b>573-243-7085</b>	FAX NUMBER <b></b>
ESTABLISHMENT TYPE		P.H. PRIORITY	

<input type="checkbox"/> Bakery	<input type="checkbox"/> C. Store	<input type="checkbox"/> Caterer	<input type="checkbox"/> Deli	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Institution	<input type="checkbox"/> Mobile
<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> School	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Summer F.P.	<input type="checkbox"/> Tavern	<input type="checkbox"/> Temporary	

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: _____ Satisfactory For Drinking: <input type="checkbox"/> Y <input type="checkbox"/> N	FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License Number: <u>031-18155</u>
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PURPOSE  
 Pre-Opening     Follow-Up     Routine     Complaint     Other

FOOD PRODUCT	TEMP °F	LOCATION	FOOD PRODUCT	TEMP °F	LOCATION
tomatos	40 °F	sandwich prep table	ambient air	35 °F	salad cooler
turkey (sliced)	39 °F	sandwich prep table		°F	
ice cream	32 °F	ice cream machine		°F	
ambient air	40.6 °F	walk in cooler		°F	

### RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMPLOYEE HEALTH</b>					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD HYGIENIC PRACTICES</b>					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Bare hand contact with ready-to-eat foods	3-301.11	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONSUMER ADVISORY</b>				
<b>APPROVED SOURCES</b>					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Food obtained from approved source	3-201.11-17	<input type="checkbox"/>	<input type="checkbox"/>	<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHEMICAL</b>				
<b>PROTECTION FROM CONTAMINATION</b>					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used	7-1,7-2,7-3	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11	<input type="checkbox"/>	<input type="checkbox"/>	<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11	<input type="checkbox"/>	<input type="checkbox"/>	<b>IN = In Compliance</b> <b>COS = Corrected on Site</b> <b>OUT = Not In Compliance</b> <b>R = Repeat</b> <b>N/A = Not Applicable</b> <b>N/O = Not Observed</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11	<input type="checkbox"/>	<input type="checkbox"/>	RECEIVED BY (PERSON IN CHARGE/TITLE)				

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>[Signature]</i>	DATE <b>8-28-2013</b>
INSPECTOR/TELEPHONE NUMBER <i>[Signature]</i>	EPHS NO. <b>1399</b>
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP -----



Prevent. Promote. Protect.

# CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

## FOOD ESTABLISHMENT INSPECTION REPORT

2 OF 2

ESTABLISHMENT NAME <b>Arby's</b>	ADDRESS 2975 Jackson Blvd	CITY Jackson	63755
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FOOD CODE REFERENCES	CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
<b>3 FOOD</b>				
3-1 Characteristics		No critical violations		
3-2 Sources, Containers & Records				
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction,, Reheating				
3-5 Limiting Growth of Organisms				
3-6 Food Presentation & Labeling				
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations				
<b>4 EQUIP. UTENSILS &amp; LINENS</b>				
4-1 Characteristics & Use Limitations				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation				
4-6 Cleaning of Equipment				
4-7 Sanitization				
4-8 Laundry				
4-9 Protection of Clean Items				
NON-CRITICAL ITEMS				
	CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.
<b>5 WATER, PLUMBING &amp; WASTE</b>	6-301.12	No paper towels in dispenser at handsink by reach in freezer	NRI	
5-1 Water Source, Quality, Capacity				
5-2 Plumbing	4-601.11	bottom shelf of reach in freezer soiled with food debris	NRI	
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
<b>7 POISONOUS OR TOXIC ITEMS</b>				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

**EDUCATION PROVIDED OR COMMENTS**  
Sanitizer was a little weak but not below code. Recommended changing sanitizer more frequently.

RECEIVED BY (PERSON IN CHARGE/TITLE) 	DATE 8-28-2013		
INSPECTOR/TELEPHONE NUMBER 	EPHS NO. 1399	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP -----