### CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER

**ENVIRONMENTAL SECTION FOOD ESTABLISHMENT INSPECTION REPORT**

**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 CESSION OF YOUR FOOD OPERATIONS.**

**ESTABLISHMENT NAME:** Eastern Street  
**OWNER:** Annie Lang  
**PERSON IN CHARGE:** Annie Lang  
**CITY/ZIP:** Grand Chaill /e2911  
**PHONE:** 618-638-1399  
**FAX:**  
**ESTABLISHMENT #:**  
**COUNTY:** Cape Girardeau  
**P.H. PRIORITY:** M K M L  
**ESTABLISHMENT TYPE:** BAKERY  
**RESTAURANT**  
**C STORE**  
**CATERER**  
**TOLVE**  
**GROCERY STORE**  
**INSTITUTION**  
**MOBILE VENDORS**  
**PURPOSE:** Pre-opening  
**Routine**  
**Follow-up**  
**Complaint**  
**Other**  
**FROZEN DESSERT**  
**Approved**  
**Not Approved**  
**SEWAGE DISPOSAL:**  
**PUBLIC**  
**PRIVATE**  
**WATER SUPPLY:**  
**COMMUNITY**  
**NON-COMMUNITY**  
**PRIVATE**  
**Date Sampled:**  
**Results:**  

#### RISK FACTORS AND INTERVENTIONS:

- **Compliance:**
  - Person in charge present, demonstrates knowledge, and performs duties  
  - Proper cooking, time and temperature  
  - Proper reheating procedures for hot holding  
  - Proper cooling time and temperatures  
  - Proper hot holding temperatures  
  - Proper cold holding temperatures  
  - Proper date marking and disposition  
  - Time as a public health control (procedures / records)

#### Good Retail Practices:

- **Pasteurized eggs used where required**
- **Water and ice from approved source**
- **Food Temperature Control**
- **Gloves used properly**
- **Washing facilities: installed, maintained, used, test scores used**
- **Nonfood-contact surfaces clean**
- **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**

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**Person In Charge/Owner:** Annie Lang  
**Phone:** 618-638-1399  
**EPHS No:** 1584  
**Follow-up:** Yes  
**Follow-up Date:** NA  

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**Date:** 5/1/2017
<table>
<thead>
<tr>
<th>ESTABLISHMENT NAME</th>
<th>ADDRESS</th>
<th>CITY/ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD PRODUCT/LOCATION</td>
<td>TEMP. in °F</td>
<td>FOOD PRODUCT/LOCATION</td>
</tr>
<tr>
<td>Ambient Av Cooler</td>
<td>31e</td>
<td></td>
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**Code Reference**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reference</th>
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<tbody>
<tr>
<td></td>
<td>Priority Items: 1. Refrigeration temperature settings incorrect 2. Food not held at correct temperature 3. Food held at incorrect temperature 4. Facility not operating as intended 5. Facility not designed to operate as intended 6. Facility not operated as intended 7. Facility not taking reasonable steps to prevent mistakes or injury. These items MUST BE RESOLVED IMMEDIATELY.</td>
</tr>
</tbody>
</table>

**Note:** Food 8/20

**Education Provided or Comments**

**Person in Charge/Title:**

**Inspector:**

**Date:** 5/15/2017

**Follow-up:**

**Follow-up Date:** N/A