**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 CESSATION OF YOUR FOOD OPERATIONS.**

**ESTABLISHMENT NAME:** JacksonZX  
**OWNER:** J.D. Street  
**PERSON IN CHARGE:** Tracy Chapman  
**ADDRESS:** 183 I Jackson Blvd.  
**CITY/ZIP:** Jackson 63755  
**PHONE:** 573-243.5012  
**FAX:** same  
**ESTABLISHMENT #:** 175  
**COUNTY:** 031

### ESTABLISHMENT TYPE
- [ ] BAKERY  
- [ ] RESTAURANT  
- [ ] C. STORE  
- [ ] SCHOOL  
- [ ] RESTAURANT  
- [ ] CATERER  
- [ ] SENIOR CENTER  
- [ ] DELI  
- [ ] SUMMER F.P.  
- [ ] GROCERY STORE  
- [ ] INSTITUTION  
- [ ] TAVERN  
- [ ] TEMP.FOOD  
- [ ] MOBILE VENDORS

### PURPOSE
- [ ] Pre-opening  
- [ ] Routine  
- [ ] Follow-up  
- [ ] Complaint  
- [ ] Other

### FROZEN DESSERT
- [ ] Approved  
- [ ] Disapproved  
- [ ] Not Applicable

### SEWAGE DISPOSAL
- [ ] PUBLIC  
- [ ] PRIVATE  
- [ ] WATER SUPPLY  
- [ ] COMMUNITY  
- [ ] NON-COMMUNITY  
- [ ] 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 | Person in charge present, demonstrates knowledge, and performs duties | Compliance | Potentially Hazardous Foods | | |
|---------------------------|---------------------------------------------------------------|------------|----------------------------|-----------|
| IN | OUT | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A |

**Employee Health**

<table>
<thead>
<tr>
<th>Management awareness; policy present</th>
<th>IN</th>
<th>OUT</th>
<th>N/O</th>
<th>N/A</th>
<th>IN</th>
<th>OUT</th>
<th>N/O</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper use of reporting, restriction and exclusion</td>
<td>IN</td>
<td>OUT</td>
<td>N/O</td>
<td>N/A</td>
<td>IN</td>
<td>OUT</td>
<td>N/O</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Good Hygienic Practices**

| Proper eating, drinking or tobacco use | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A |
| No discharge from eyes, nose and mouth | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A |

| Preventing Contamination by Hands | Hands clean and properly washed | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | | |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A |

| Adequate handwashing facilities supplied & accessible | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | | |

| Approved Source | Food obtained from approved source | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | |
| Food received at proper temperature | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | |

| Food in good condition, safe and unadulterated | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | |
| Required records available: shellstock tags, parasite destruction | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |

**Protection from Contamination**

| Food separated and protected | IN | OUT | N/O | N/A |
| Food-contact surfaces cleaned & sanitized | IN | OUT | N/O | N/A |
| Proper disposition of returned, previously served, reconditioned, and unsafe food | IN | OUT | N/O | N/A |

### GOOD RETAIL PRACTICES

**Safe Food and Water**

| Pasteurized eggs used where required | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | | |
| Water and ice from approved source | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | |

**Food Temperature Control**

| Adequate equipment for temperature control | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | |
| Approved thawing methods used | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |

| Thermometers provided and accurate | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | | |
| Food Identification | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |

**Food properly labeled; original container | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |

**Prevention of Food Contamination**

| In-use utensils: properly stored | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |
| Utensils, equipment and linens: properly stored, dried, handled | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |

**Physical Facilities**

| Hot and cold water available; adequate pressure | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |
| Plumbing installed; proper backflow devices | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |

**Sewage and wastewater properly disposed**

| Toilet facilities: properly constructed, supplied, cleaned | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | | |
| Physical facilities installed, maintained, and clean | IN | OUT | N/O | N/A | IN | OUT | N/O | N/A | | |

**Fruits and vegetables washed before use**

**Garbage/refuse properly disposed; facilities maintained**

**Physical facilities installed, maintained, and clean**

**Person in Charge /Title:** Tracy Chapman  
**Telephone No.:** 573-335-7846  
**EPHS No.:** 1129  
**Follow-up:** Yes  
**Follow-up Date:** XXXXXXXXXXXX  
**Date:** 5-9-2017

**CCBD (10-13)**
## Cape Girardeau County Public Health Center
### Environmental Section
#### Food Establishment Inspection Report

**Establishment Name:** JacksonZX  
**Address:** 183 I Jackson Blvd.  
**City/Zip:** Jackson 63755

<table>
<thead>
<tr>
<th>Food Product/Location</th>
<th>Temp. in °F</th>
<th>Food Product/Location</th>
<th>Temp. in °F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landshire breakfast sandwich, hot holding</td>
<td>162</td>
<td>Ambient air - walkin cooler</td>
<td>41</td>
</tr>
</tbody>
</table>

**Code Reference**

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>Core Items</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-303.11</td>
<td>Now 10 footcandles in brightest part of walkin, down to 5 elsewhere - less in end of storeroom</td>
<td>Nri</td>
<td></td>
</tr>
<tr>
<td>6-501.12</td>
<td>Floors much better - edges and corners can still use attention</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>6-501.11</td>
<td>Damaged floor tiles at several locations</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td></td>
<td>Faulty overhead light switch in storeroom</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
</tbody>
</table>

**Education Provided or Comments**

**Person in Charge/Title:**  
**Date:** 5-9-2017

**Inspector:**  
**Telephone No.:** 573-335-7846  
**EPHS No.:** 1129  
**Follow-up:** Yes  
**Follow-up Date:** xxxxxxxxxxx

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**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.

- Food cooking - or not ready to eat sign, needed for roller display

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**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.

- Now 10 footcandles in brightest part of walkin, down to 5 elsewhere - less in end of storeroom
- Floors much better - edges and corners can still use attention
- Damaged floor tiles at several locations
- Faulty overhead light switch in storeroom