# FOOD ESTABLISHMENT INSPECTION REPORT

**FOOD ESTABLISHMENT INSPECTION REPORT**

**CAFE 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'S NAME:** Menard's Inc

**OWNER:** Menard's Inc

**ESTABLISHMENT #:** 5363

**PERSON IN CHARGE:** George Thomas

**ADDRESS:** 535 Seimers

**PHONE:** 573-332-5040

**FAX:** 573-332-0718

**P.H. PRIORITY:**

- **CITY/ZIP:** Cape Girardeau 63701

**PHONE:** 573-332-5040

**FAX:** 573-332-0718

**P.H. PRIORITY:**

- ** ESTABLISHMENT TYPE**
  - BAKERY
  - RESTAURANT
  - C. STORE
  - SCHOOL
  - 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

<table>
<thead>
<tr>
<th>R</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>Person in charge present, demonstrates knowledge, and performs duties</td>
</tr>
<tr>
<td>✗</td>
<td>Management awareness; policy present</td>
</tr>
<tr>
<td>N/A</td>
<td>Proper use of reporting, restriction and exclusion</td>
</tr>
<tr>
<td>N/A</td>
<td>Good Hygienic Practices</td>
</tr>
<tr>
<td>✔</td>
<td>Preventing Contamination by Hands</td>
</tr>
<tr>
<td>✔</td>
<td>Approved Source</td>
</tr>
<tr>
<td>N/A</td>
<td>Protection from Contamination</td>
</tr>
</tbody>
</table>

**Potential Hazards Foods**

<table>
<thead>
<tr>
<th>R</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>Proper cooking, time and temperature</td>
</tr>
<tr>
<td>✔</td>
<td>Proper reheating procedures for hot holding</td>
</tr>
<tr>
<td>✔</td>
<td>Proper cooling time and temperatures</td>
</tr>
<tr>
<td>✔</td>
<td>Proper hot holding temperatures</td>
</tr>
<tr>
<td>N/A</td>
<td>Proper cold holding temperatures</td>
</tr>
<tr>
<td>N/A</td>
<td>Time as a public health control (procedures / records)</td>
</tr>
</tbody>
</table>

**Preventing Contamination by Hands**

- Hands clean and properly washed
- No bare hand contact with ready-to-eat foods or approved alternate method properly followed
- Adequate handwashing facilities supplied & accessible

**Consumer Advisory**

- Consumer advisory provided for raw or undercooked food
- Highly Susceptible Populations
- Pasteurized foods used, prohibited foods not offered

**Approved Source**

- Food obtained from approved source
- Food received at approved temperature
- Food in good condition, safe and unadulterated
- Required records available: shelfstock tags, parasite destruction

**Chemical**

- Food additives: approved and properly used
- Toxic substances properly identified, stored and used
- Conformance with Approved Procedures

**Protection from Contamination**

- Food separated and protected
- Food-contact surfaces cleaned & sanitized
- Proper disposition of returned, previously served, reconditioned, and unsafe food

**Compliance with approved Specialized Process and HACCP plan**

- The letter to the left of each item indicates that item’s status at the time of the inspection.

<table>
<thead>
<tr>
<th>IN</th>
<th>OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>N/A</td>
<td>✔</td>
</tr>
<tr>
<td>✔</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**GOOD RETAIL PRACTICES**

**Safe Food and Water**

- Pasteurized eggs used where required
- Water and ice from approved sources

**Proper Use of Utensils**

- In-use utensils properly stored
- Single-use/single-service articles properly stored, used
- Gloves used properly
- Food and non-food-contact surfaces cleanly, properly designed, constructed, and used
- Warewashing facilities: installed, maintained, used; test strips used
- Non-food-contact surfaces cleaned

**Physical Facilities**

- 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

**Person in Charge /Title:**

**Telephone No.** 573-335-7846

**EPHS No.** 1129

**Follow-up:** ✔ Yes ☐ No

**Follow-up Date:** xxxxxxxxxxxxx

**Date:** 10-27-2016

**CCDHD (10-13)**
<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>ambient air - milk cooler</td>
<td>38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Code Reference**

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>PRIORITY ITEMS</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-904.11 Shampoo etc. displayed over cling wrap &amp; food storage bags at entrance</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Code Reference**

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<tbody>
<tr>
<td>4-904.11</td>
<td>Toilet paper and paper towels displayed on the floor on end cap in north aisle and large general display near check out (must be at least six inches off floor).</td>
<td>NRI</td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION PROVIDED OR COMMENTS**

**Person in Charge /Title:**  
**Date:** 10-27-2016

**Inspector:**

**Telephone No.:** 573-335-7846  
**EPHS No.:** 1129  
**Follow-up:** No  
**Follow-up Date:** xxxxxxxxxxxxx