### Food Establishment Inspection Report

#### Establishment Name: Schnucks
#### Owner: Schnucks Markets Inc.
#### Person in Charge: Dennis Marchi
#### Address: 19 S. Kingshighway
#### City/Zip: Cape Girardeau/63701
#### Establishment #: 2354
#### County: Cape Girardeau
#### Phone: 573-334-9191
#### Fax: same
#### License No.
#### Date Sampled: __________
#### P.H. Priority: ☐ H ☐ M ☐ L ☐ 

#### 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.

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Demonstration of Knowledge</th>
<th>COS</th>
<th>R</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN OUT N/A</td>
<td>Person in charge present, demonstrates knowledge, and performs duties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Management awareness; policy present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Proper use of reporting, restriction and exclusion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Proper eating, tasting, drinking or tobacco use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>No discharge from eyes, nose and mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Adequate handwashing facilities supplied &amp; accessible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Hands clean and properly washed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Adequate handwashing facilities supplied &amp; accessible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Food temperature control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Food properly labeled; original container</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/O</td>
<td>Proper Use of Utensils</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Potential Hazardously Foods**

- Proper cooking, time and temperature
- Proper reheating procedures for hot holding
- Proper cooling time and temperatures
- Proper hot holding temperatures
- Proper cold holding temperatures
- Time as a public health control (procedures / records)
- Consumer advisory provided for raw or undercooked food
- Pasteurized foods used, prohibited foods not offered
- Food additives; approved and properly used
- Toxic substances properly identified, stored and used
- Compliance with approved Specialized Process and HACCP plan

**Good Retail Practices**

- Safe Food and Water
- Proper Use of Utensils
- Food Temperature Control
- Food Identification
- Prevention of Food Contamination
- Physical Facilities

**Risk Prevention**

- In-use utensils: properly stored
- Utensils, equipment and linens: properly stored, dried, handled
- Single-use/single-service articles: properly stored, used
- Gloves used properly
- Food and nonfood-contact surfaces clean, properly designed, constructed, and used
- Warewashing facilities: installed, maintained, used; test strips 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

#### Person in Charge/Title: Dennis Marchi
#### Telephone No.: 573-335-7846
#### EPHS No.: 1126
#### Date: 6-16-2014
#### Follow-up: ☐ Yes ☐ No
#### Follow-up Date: 7-1-2014
**FOOD ESTABLISHMENT INSPECTION REPORT**

**ESTABLISHMENT NAME**
Schnucks

**ADDRESS**
19 S. Kingshighway

**CITY/ZIP**
Cape Girardeau/63701

<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 (AA)/Meat cutting</td>
<td>48</td>
<td>AA/Kabobs</td>
<td>40</td>
</tr>
<tr>
<td>AA/Meat counter walk-in cooler</td>
<td>30</td>
<td>Neptune Salad/Seafood display</td>
<td>43</td>
</tr>
<tr>
<td>AA/Milk walk-in cooler</td>
<td>34</td>
<td>AA/Egg walk-in cooler</td>
<td>34</td>
</tr>
<tr>
<td>AA/Bakery walk-in cooler</td>
<td>31</td>
<td>Milk/Dairy display</td>
<td>40</td>
</tr>
<tr>
<td>AA/Meat display cooler</td>
<td>26</td>
<td>AA/Deli walk-in cooler</td>
<td>35</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>3-302.11(A)</td>
<td>Raw seafood over cooked seafood items, raw food items over precooked in deli walk-in cooler</td>
<td>7-1-2014</td>
<td></td>
</tr>
<tr>
<td>7-201.11(A)</td>
<td>Cleaning chemicals stored with single service in seafood department <em>CORRECTED</em></td>
<td>6-16-2014</td>
<td></td>
</tr>
<tr>
<td>3-302.11(2)</td>
<td>Reusing raw beef boxes for seafood storage in seafood walk-in</td>
<td>7-1-2014</td>
<td></td>
</tr>
</tbody>
</table>

**Code Reference**

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<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-601.11(C)</td>
<td>Square containers with white lids have light mold growth on the exterior</td>
<td>7-1-2014</td>
<td></td>
</tr>
</tbody>
</table>

**Next Routine Inspection:** NRI

**Person in Charge /Title:**

**Date:** 6-16-2014

**Inspector:**

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

**EPHS No.:** 1126

**Follow-up:** Yes

**Follow-up Date:** 7-1-2014