FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME: Streetreats
ADDRESS: 1636 Independence Street
CITY/ZIP: Cape Girardeau 63703
OWNER: Darrell Spears
PHONE: 573-332-1617
FAX: none

PERSON IN CHARGE: Deborah Spears
LICENSE No.: none

DEPARTMENT: ENVIRONMENTAL

COUNTY: 04-500
P.H. PRIORITY: H M L

FOOD PRIORITY: C.CHILD CARE (10-13)

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>Person in charge present, demonstrates knowledge, and performs duties</th>
<th>Employee Health</th>
<th>Management awareness; policy present</th>
<th>Proper use of reporting, restriction and exclusion</th>
<th>Good Hygienic Practices</th>
<th>Proper eating, tasting, drinking or tobacco use</th>
<th>No discharge from eyes, nose and mouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN</td>
<td>compared</td>
<td></td>
<td>IN</td>
<td>OUT</td>
<td>N/O</td>
<td>OUT</td>
<td>N/O</td>
<td>OUT</td>
</tr>
</tbody>
</table>

Preventing Contamination by Hands: Hands clean and properly washed or bare hand contact with ready-to-eat foods or approved alternate method properly followed. Adequate handwashing facilities supplied & accessible.

<table>
<thead>
<tr>
<th>Approved Source</th>
<th>Food obtained from approved source</th>
<th>Food received at proper temperature</th>
<th>Food in good condition, safe and unadulterated</th>
<th>Required records available: shellstock tags, parasite destruction</th>
<th>Prevention from Contamination</th>
<th>Food separated and protected</th>
<th>Food-contact surfaces cleaned &amp; sanitized</th>
<th>Proper disposition of returned, previously served, reconditioned, and unsafe food</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN</td>
<td>OUT</td>
<td>IN</td>
<td>OUT</td>
<td>N/A</td>
<td>OUT</td>
<td>N/A</td>
<td>OUT</td>
<td>IN</td>
</tr>
</tbody>
</table>

Protection from Contamination: The letter to the left of each item indicates that item’s status at the time of the inspection. Date Sampled: ___________________ Results: ___________________.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

<table>
<thead>
<tr>
<th>IN</th>
<th>OUT</th>
<th>Safe Food and Water</th>
<th>Proper Use of Utensils</th>
<th>Food Temperature Control</th>
<th>Food Identification</th>
<th>Prevention of Food Contamination</th>
<th>Physical Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>Pasteurized eggs used where required</td>
<td>Utensils, equipment and linens: properly stored, dried, handled</td>
<td>Adequate equipment for temperature control</td>
<td>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used</td>
<td>Prevention of Food Contamination</td>
<td>Physical Facilities</td>
</tr>
</tbody>
</table>

Insects, rodents, and animals not present. Contamination prevented during food preparation, storage and display. Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry. Wiping cloths: properly used and stored. Fruits and vegetables washed before use.

Person in Charge /Title: Deborah Spears

Date: 08-11-2016

Follow-up: Yes No
Follow-up Date: xxxxxxxxxxxxxxxx

Inspector: Darrell Spears

Telephone No. 573-335-7846

EPHS No. 1129

COUNTY PUBLIC HEALTH CENTER

ENVIRONMENTAL SECTION

PREVENT, PROVIDE, PROTECT.

CAFE GRIARDEAU COUNTY PUBLIC HEALTH CENTER
**FOOD ESTABLISHMENT INSPECTION REPORT**

**ESTABLISHMENT NAME**
Streetreats

**ADDRESS**
1636 Independence Street

**CITY / ZIP**
Cape Girardeau 63703

<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>all product prepackaged - frozen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>PRIORITY ITEMS</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-203.14</td>
<td>Spray on a hose connected to bathroom sink - cross connection - corrected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>CORE ITEMS</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-501.114</td>
<td>Unused soiled freezers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-202.11</td>
<td>Unshielded bulb in one freezer - removed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-501.17</td>
<td>No covered wastebasket in restroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION PROVIDED OR COMMENTS**

Person in Charge / Title: ____________________________ Date: 08-11-2016

Inspector: ____________________________ Telephone No. 573-335-7846 EPHS No. 1129

Follow-up: □ Yes □ No Follow-up Date: xxxxxxxxxxxxx