FOOD ESTABLISHMENT INSPECTION REPORT

**Establishment Name:** The Library
**Owner:** Cathy Thompson
**Person in Charge:** Cathy Thompson

**Address:** 10 S. Spanish
**City/Zip:** Cape Girardeau 63701
**Phone:** 335-2806

**FROZEN DESSERT**

**Comparison**

<table>
<thead>
<tr>
<th>License No.</th>
<th>Approved</th>
<th>Disapproved</th>
</tr>
</thead>
</table>

**Compliance**

- **Demonstration of Knowledge**
  - Person in charge present, demonstrates knowledge, and performs duties
  - **COS**
    - IN OUT B D N/A

**Employee Health**

- **Management awareness; policy present**
  - **COS**
    - IN OUT B D N/A

**Good Hygienic Practices**

- **Proper use of reporting, restriction and exclusion**
  - **COS**
    - IN OUT B D N/A

- **Proper eating, lasting, drinking or tobacco use**
  - **COS**
    - IN OUT B D N/A

- **No discharge from eyes, nose and mouth**
  - **COS**
    - IN OUT B D N/A

- **Hands clean and properly washed**
  - **COS**
    - IN OUT B D N/A

**Preventing Contamination by Hands**

- **Adequate handwashing facilities supplied & accessible**
  - **COS**
    - IN OUT B D N/A

**Approved Source**

- **Food obtained from approved source**
  - **COS**
    - IN OUT B D N/A

- **Food received at proper temperature**
  - **COS**
    - IN OUT B D N/A

- **Food in good condition, safe and unadulterated**
  - **COS**
    - IN OUT B D N/A

**Protection from Contamination**

- **Required records available: shellstock tags, parasite destruction**
  - **COS**
    - IN OUT B D N/A

**Safe Food and Water**

- **Pasteurized foods used, prohibited foods not offered**
  - **COS**
    - IN OUT B D N/A

**Proper Use of Utensils**

- **Utensils: Equipment and Vending**
  - **COS**
    - IN OUT B D N/A

**Food Temperature Control**

- **Single-use/single-service articles: properly stored, used**
  - **COS**
    - IN OUT B D N/A

**Food Identification**

- **Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used**
  - **COS**
    - IN OUT B D N/A

**Food properly labeled; original container**

- **Nonfood-contact surfaces clean**
  - **COS**
    - IN OUT B D N/A

**Prevention of Food Contamination**

- **Physical Facilities**
  - **COS**
    - IN OUT B D N/A

- **Nonbare hand contact with ready-to-eat foods or approved alternate method properly followed**
  - **COS**
    - IN OUT B D N/A

**Fruits and vegetables washed before use**

- **Garbage/refuse properly disposed; facilities maintained**
  - **COS**
    - IN OUT B D N/A

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

- **Plumbing installed; proper backflow devices**
  - **COS**
    - IN OUT B D N/A

**Sewage and wastewater properly disposed**

- **Hot and cold water available; adequate pressure**
  - **COS**
    - IN OUT B D N/A

**Plumbing system; proper backflow devices**

- **Proper date marking and disposition**
  - **COS**
    - IN OUT B D N/A

**Compliance results**

- **IN = in compliance**
- **OUT = not in compliance**
- **N/A = not applicable**
- **N/O = not observed**

**GOOD RETAIL PRACTICES**

- **Pasteurized eggs used where required**
  - **COS**
    - IN OUT B D N/A

- **Water and ice from approved source**
  - **COS**
    - IN OUT B D N/A

- **Adequate equipment for temperature control**
  - **COS**
    - IN OUT B D N/A

- **Approved thawing methods used**
  - **COS**
    - IN OUT B D N/A

- **Thermometers provided and accurate**
  - **COS**
    - IN OUT B D N/A

- **Food properly labeled; original container**
  - **COS**
    - IN OUT B D N/A

- **Physical facilities installed, maintained, and clean**
  - **COS**
    - IN OUT B D N/A

- **Proper cold holding temperatures**
  - **COS**
    - IN OUT B D N/A

- **Time as a public health control (procedures / records)**
  - **COS**
    - IN OUT B D N/A

- **Consumer advisory provided for raw or undercooked foods**
  - **COS**
    - IN OUT B D N/A

- **Highly Susceptible Populations**
  - **COS**
    - IN OUT B D N/A

- **Compliance with approved specialized process and HACCP plan**
  - **COS**
    - IN OUT B D N/A

- **The letter to the left of each item indicates that item’s status at the time of the inspection.**
  - **IN = in compliance**
  - **OUT = not in compliance**
  - **N/A = not applicable**
  - **N/O = not observed**

**Date:** 06/27/2014
**Follow-up:** Yes

**Person in Charge/Title:**
**Telephone No.:** 335-7846
**EPRS No.:** 1399

**Follow-up Date:**
The Library

### Food Establishment Inspection Report

**Establishment Name:** The Library  
**Address:** 10 S. Spanish  
**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/bar cooler</td>
<td>38.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ambient air/prep cooler</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ambient air/walk in cooler</td>
<td>38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Code Reference**  
**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.**

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>Item Description</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-102.11</td>
<td>Unlabeled spray bottle at bar containing blue liquid</td>
<td>Corrected</td>
<td></td>
</tr>
</tbody>
</table>

Approved for liquor license.

**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.**

<table>
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<th>Item Description</th>
<th>Correct by (date)</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-601.11</td>
<td>Microwave soiled on the inside</td>
<td>NRI</td>
<td></td>
</tr>
</tbody>
</table>

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**Education Provided or Comments**

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**Person in Charge / Title:**  
**Date:** 06/27/2014  
**Inspector:**  
**Telephone No.:** 335-7846  
**EPHS No.:** 1399  
**Follow-up:** [ ] Yes  [ ] No  
**Follow-up Date:** ---------