# Food Establishment Inspection Report

**Zoi's Gyro Corner**

**Cape Girardeau, MO**

**Date of Inspection:** 10-7-2014

**Owner:** Zoi Mousadakois

**Phone:** 573-339-1144

**Fax:**

## Establishment Name:

Zoi's Gyro Corner

## Owner:

Zoi Mousadakois

## Person in Charge:

Zoi

## County:

Cape Girardeau

## Address:

1865 Broadway

## Phone:

573-339-1144

## Fax:


## Purpose:

Pre-opening, Routine, Follow-up, Complaint, Other

## Frozen Desserts

Approved: Yes

## Sewage Disposal

Public

## Water Supply

Community

## Non-Community


don't apply

## Private

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.

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Demonstration of Knowledge</th>
<th>COS</th>
<th>R</th>
<th>Compliance</th>
<th>Potentially Hazardous Foods</th>
<th>COS</th>
<th>R</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>
<td>Proper cooking, time and temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/A</td>
<td>Employee Health</td>
<td></td>
<td></td>
<td></td>
<td>Proper reheating procedures for hot holding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/A</td>
<td>Management awareness; policy present</td>
<td></td>
<td></td>
<td></td>
<td>Proper cooling time and temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/A</td>
<td>Proper use of reporting, restriction and exclusion</td>
<td></td>
<td></td>
<td></td>
<td>Proper hot holding temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/A</td>
<td>Good Hygiene Practices</td>
<td></td>
<td></td>
<td></td>
<td>Proper cold holding temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/A</td>
<td>Proper eating, tasting, drinking or tobacco use</td>
<td></td>
<td></td>
<td></td>
<td>Time as a public health control (procedures / records)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN OUT N/A</td>
<td>No discharge from eyes, nose and mouth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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

## Approved Source

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

## Protection from Contamination

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

## Good Retail Practices

- Pasteurized eggs used where required
- In-use utensils: properly stored
- Single-use/single-service articles: properly stored, used
- Gloves used properly
- Food and nonfood-contact surfaces cleanable, 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

- Food properly labeled; original container
- Nonfood-contact surfaces clean
- Prevention of Food Contamination
- Physical Facilities

**Date:** 10-7-2014

**Inspected By:**

Zoi Mousadakois

**Telephone No.:** 573-335-7846 x136

**EPHS No.:** 947

**Follow-up:** Yes

**Follow-up Date:** 10-14-2014
## Food Establishment Inspection Report

**Establishment Name:** Zoi's Gyro Corner  
**Address:** 1865 Broadway  
**City/Zip:** Cape Girardeau

<table>
<thead>
<tr>
<th>Food Product/Location</th>
<th>Temp. in °F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut tomatoes/ prep cooler</td>
<td>44-48</td>
</tr>
<tr>
<td>Hummus/ prep cooler</td>
<td>43-44</td>
</tr>
<tr>
<td>Cooked peppers/bottom portion of prep cooler</td>
<td>41</td>
</tr>
<tr>
<td>Hummus/ reach-in cooler at register</td>
<td>39</td>
</tr>
<tr>
<td>Walk-in cooler</td>
<td>41</td>
</tr>
</tbody>
</table>

### Priority Items

6-501.111 Flies present throughout establishment  
4-601.11 In-use knife stored in crack between prep cooler and refrigerator  
3-501.17 No date marking of ready to eat, TCS food---to include cooked meat and vegetables  
2-401.11 Open drink container stored at soda machine  
4-202.11 Ice machine has cracked plastic on interior of lid, exposing insulation to ice bin  
3-501.16B Tomatoes in prep cooler (upper section) are 44-48 degrees.

### Core Items

5-205.15 Using tin foil to cover drain where pipe enters from 3-compartment sink.  
4-602.13 Shelving where napkins and to-go condiments are stored is soiled  
6-202.15 Light showing under back door  
4-903.12 Chef's jacket stored in restroom  
4-602.13 Several containers used to store utensils have dust and debris in the bottoms  
4-602.13 Former prep cooler turned dry storage container is soiled at handles, doors, and seals  
5-205.15 Hot water handle leaks in bathroom  
5-501.113 Dumpster lid open

**Education Provided or Comments**

- Discussed date marking and cooling  
- Discussed food safety training -- waiting on variance procedure

**Person in Charge/Title:**  
**Date:** 10-7-2014  
**Inspector:**  
**Telephone No.:** 573-335-7846 x136  
**EPHS No.:** 947  
**Follow-up:** Yes  
**Follow-up Date:** 10-14-2014