

Food Establishment Inspection Report

Jackson County Health Department PO Box 307 – 415 Health Department Rd Murphysboro IL 62966		(618) 684-3143 ext. 128		No. of Risk Factor/Intervention Violations	4	Date	8/3/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	1	Time In	1:00
17th Street Bar & Grill		343		Permit Holder	Time Out		3:45
Street Address		City/State		Purpose of Inspection		Risk Category	
32 N. 17th Street		Murphysboro, IL		Mavis Mitchell		I	
City/State		ZIP Code		Routine			
		62966					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status	Supervision	COS	R
1	<input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Certified Food Protection Manager (CFPM)		
Employee Health			
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion		
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Hands clean and properly washed		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source		
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food received at proper temperature		
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated		
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction		

Compliance Status	Protection from Contamination	COS	R
15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected		
16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized		
17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
Time/Temperature Control for Safety			
18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time and temperatures		
19	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding		
20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature		
21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		X
22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition		
24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/A Food additives: approved and properly used		
28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Toxic substances properly identified, stored, and used		
Conformance with Approved Procedures			
29	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/A Compliance with variance/specialized process/HACCP		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status	Safe Food and Water	COS	R
30	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized eggs used where required		
31	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Water and ice from approved source		
32	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Variance obtained for specialized processing methods		
Food Temperature Control			
33	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling methods used; adequate equipment for temperature control		
34	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Plant food properly cooked for hot holding		
35	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Approved thawing methods used		
36	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Thermometers provided & accurate		
Food Identification			
37	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food properly labeled; original container		
Prevention of Food Contamination			
38	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Insects, rodents, and animals not present		
39	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Contamination prevented during food preparation, storage and display		
40	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Personal cleanliness		
41	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Wiping cloths: properly used and stored		
42	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Washing fruits and vegetables		

Compliance Status	Proper Use of Utensils	COS	R
43	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O In-use utensils: properly stored		
44	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Utensils, equipment & linens: properly stored, dried, & handled		
45	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Single-use/single-service articles: properly stored and used		
46	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Gloves used properly		
Utensils, Equipment and Vending			
47	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Warewashing facilities: installed, maintained, & used; test strips		
49	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Non-food contact surfaces clean		
Physical Facilities			
50	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Hot and cold water available; adequate pressure		
51	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Plumbing installed; proper backflow devices		
52	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Sewage and waste water properly disposed		
53	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Toilet facilities: properly constructed, supplied, & cleaned		
54	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Garbage & refuse properly disposed; facilities maintained		
55	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Physical facilities installed, maintained, and clean		
56	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Adequate ventilation and lighting; designated areas used		
Employee Training			
57	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O All food employees have food handler training		
58	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Allergen training as required		

Food Establishment Inspection Report

Establishment: 17th Street Bar + grill Establishment #: 343

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine/Quat PPM: 100/400 Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Alto Sham		Make table top	40	Hot hold	
- Butts 1	126	" " Bottom	39	pulled pork	148
" " 2	126			chili	149
" " 3	128	Bar - Watermelon	39	G. Beans	140
				Pork	135
Walk in	38	Waitress Cooler	36	Brisket	158
- Wines	37				
Make table top	40	Sauce Cooler	34		
Bottom	39	Grill Cooler	38		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
6	Refrain from storing personal drinks with no lids/no straws above steam table. All personal drinks should be in designated areas (not in food prep/storage area) + must have lids/straws.	8/5/21
9	Refrain from touching RTE food products with bare hands. Employee observed putting shredded cheese on top of mac + cheese w/ no gloves (Bare hands). You must use gloves, tongs, deli paper, ect when handling all RTE products.	
21	Provide proper hot holding temperatures @ 135°F + above for all TCS items (Pork Butts) in Back Alto Sham Warmer. Upon inspection, 3 Butts in back unit @ 126 - 128°F. Unit was set on < 125°F. Porkbutts in unit discarded discarded. SEE NOTES.	
23	Provide proper 7 day discard labels for all cooked/cooked	

CFPM Verification (name, expiration date, ID#):
Marcus L. Mitchell
009562628 exp 6/26

HACCP Topic:

Person in Charge (Signature) _____ Date 8/3/21

Inspector (Signature) Alana Beasley Follow-up: Yes No (Check one) Follow-up Date: 8/5/21

Food Establishment Inspection Report

Establishment: 17th Street BBQ-Bart Grill

Establishment #: 343

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<p><u>Condiments</u> items (pulled Chicken, Ribs, Brisket). Upon inspection, these items in walk in w/ no labels. All products discarded.</p>	8/5/21
23	<p>Provide proper 7 day discard labels for pulled Chicken. When pulling items from freezer / refrigeration out of bulk batch, dates should follow parts. No labels on pulled chicken in grill cooler.</p>	
55	<p>Repair walk in freezer to no longer have ice build up. Upon inspection, ice @ door + behind condenser.</p>	
55	<p>Clean entire kitchen baseboards, walls, ceilings. Food splash, grease observed on multiple areas in kitchen.</p>	

NOTES

* Wamer in back is continuous issue. As indicated on previous inspection, if unit continued to be a problem, you would not be able to use this unit. You cannot use this unit any longer due to temperatures not being correct + monitored + no times / temperatures are being ~~plotted~~ recorded @ this facility. ~~FCR~~ delivery from.

* You must get pulled / sliced meats from warehouse + hold them in steam tables until new units are delivered. Phillip indicated units should be set @ 150°F. You should still record temps / time when warehouse makes a delivery just in case there is ever an issue w/ new units.

* Any food that is cooked / cooled + under refrigeration requires a label w/ common name + date it was made.

Man... 8/3/21
 Person in Charge (Signature) Date

Dayna Beasley Follow-up: Yes No (Check one) Follow-up Date: 8/5/21
 Inspector (Signature)

