

# 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	5	Date	9/7/2021
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	4:35pm
Street Address		City/State		Permit Holder	Time Out		
Aban Kitchen		Carbondale, IL		Ahmad Khattaf	5:30pm		
ZIP Code		62901		Purpose of Inspection	Risk Category		
				Routine	I		

## 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		COS	R	Compliance Status		COS	R
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			<b>Time/Temperature Control for Safety</b>			
<b>Employee Health</b>				18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
3	<input checked="" type="radio"/> In <input type="radio"/> Out			19	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper use of restriction and exclusion			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Procedures for responding to vomiting and diarrheal events			24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Proper eating, tasting, drinking, or tobacco use			<b>Highly Susceptible Populations</b>			
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			<b>Food/Color Additives and Toxic Substances</b>			
<b>Preventing Contamination by Hands</b>				27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Hands clean and properly washed			<b>Conformance with Approved Procedures</b>			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			29	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			<b>Compliance with variance/specialized process/HACCP</b>			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Approved Source</b>			
	Adequate handwashing sinks properly supplied and accessible			11	<input checked="" type="radio"/> In <input type="radio"/> Out		
11	<input checked="" type="radio"/> In <input type="radio"/> Out				Food obtained from approved source		
	Food received at proper temperature			12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O				Food in good condition, safe, and unadulterated		
	Food received at proper temperature			13	<input checked="" type="radio"/> In <input type="radio"/> Out		
13	<input checked="" type="radio"/> In <input type="radio"/> Out				Required records available: shellstock tags, parasite destruction		
	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		
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			<b>GOOD RETAIL PRACTICES</b>			
	Required records available: shellstock tags, parasite destruction			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		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	<input checked="" type="checkbox"/>			43	<input checked="" type="checkbox"/>		
	Pasteurized eggs used where required				In-use utensils: properly stored		
31	<input checked="" type="checkbox"/>			44	<input checked="" type="checkbox"/>		
	Water and ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled		
32	<input checked="" type="checkbox"/>			45	<input checked="" type="checkbox"/>		
	Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored and used		
<b>Food Temperature Control</b>				46	<input checked="" type="checkbox"/>		
33	<input checked="" type="checkbox"/>				Gloves used properly		
	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
34	<input checked="" type="checkbox"/>			47	<input checked="" type="checkbox"/>		
	Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	<input checked="" type="checkbox"/>			48	<input checked="" type="checkbox"/>		
	Approved thawing methods used				Warewashing facilities: installed, maintained, & used; test strips		
36	<input checked="" type="checkbox"/>			49	<input checked="" type="checkbox"/>		
	Thermometers provided & accurate				Non-food contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	<input checked="" type="checkbox"/>			50	<input checked="" type="checkbox"/>		
	Food properly labeled; original container				Hot and cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				51	<input checked="" type="checkbox"/>		
38	<input checked="" type="checkbox"/>				Plumbing installed; proper backflow devices		
	Insects, rodents, and animals not present			52	<input checked="" type="checkbox"/>		
39	<input checked="" type="checkbox"/>				Sewage and waste water properly disposed		
	Contamination prevented during food preparation, storage and display			53	<input checked="" type="checkbox"/>		
40	<input checked="" type="checkbox"/>				Toilet facilities: properly constructed, supplied, & cleaned		
	Personal cleanliness			54	<input checked="" type="checkbox"/>		
41	<input checked="" type="checkbox"/>				Garbage & refuse properly disposed; facilities maintained		
	Wiping cloths: properly used and stored			55	<input checked="" type="checkbox"/>		
42	<input checked="" type="checkbox"/>				Physical facilities installed, maintained, and clean		
	Washing fruits and vegetables			56	<input checked="" type="checkbox"/>		
					Adequate ventilation and lighting; designated areas used		
<b>Employee Training</b>				<b>Employee Training</b>			
57	<input checked="" type="checkbox"/>			57	<input checked="" type="checkbox"/>		
	All food employees have food handler training				All food employees have food handler training		
58	<input checked="" type="checkbox"/>			58	<input checked="" type="checkbox"/>		
	Allergen training as required				Allergen training as required		

# Food Establishment Inspection Report

Establishment: Aban kitchen Establishment #: 1178

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine PPM: 500 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Walk-in AA	39°		Rice	165°	
make table AA	42°		Beef	180°	
◦ Tomatoes	41°				
◦ Lettuce	41°				
◦ Lower AA	32°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
2	Provide certified food protection manager (CFPM) on site at all times food is prepared or served.	11/30/21
8/10	Educate employees on proper handwash procedures. Upon inspection lone handsink in kitchen without paper towels and noted employee change tasks / enter and leave kitchen without washing hands.	9/7/21
28	Provide proper sanitizer concentration for spray bottle used for food contact surfaces. Upon inspection chlorine @ 500ppm. Must be at 50-100ppm for food contact surfaces.	
16/41	provide sanitizer bucket for storage of soiled wiping cloths when not in use. Upon inspection multiple soiled cloths out on prep tables and no sanitizer bucket present.	
40	Provide effective hair restraint for all employees in kitchen area.	
38	Install weather strip at side door to kitchen to prevent potential → ✓	

CFPM Verification (name, expiration date, ID#):  

None on site			
--------------	--	--	--

HACCP Topic: 2, 8, 10, 16, 21, 22, 28

Person in Charge (Signature) [Signature] Date 9/7/2021

Inspector (Signature) [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: 9/9/2021

# Food Establishment Inspection Report

Establishment: Alban Kitchen

Establishment #: 1178

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
	entrance of pests into facility.	9/1/21
39	Refrain from storing raw beef above ready-to-eat foods (whole tomatoes) in walk-in. All raw product should be stored below ready-to-eat foods to prevent potential contamination.	
47	Repaint/resal lower prep table shelves and metal wire shelves in kitchen. Currently corroded & no longer smooth/easily cleanable.	
47	Repaint sides of grease trap under 3-comp sink. No longer smooth/easily cleanable.	
49	Clean exterior of all 5-gallon bulk food storage containers. Excessive food splash/grime build-up noted.	
49	Clean exterior of ninja blender and electric can opener. Food debris/grease noted.	
49	Clean exterior of small kenmore freezer. Grease build-up noted.	
49	Clean 6-burner stove & back splash. Excessive carbon build-up/grease noted.	
55	Clean ceiling throughout kitchen. Soot build-up noted.	
55	Clean walls throughout kitchen. Soot/grease build-up noted.	
55	Clean vent hood/filters. Grease build-up noted.	↓
<p><u>Notes</u></p> <ul style="list-style-type: none"> <li>* Overall cleaning has not improved. Many violations from previous inspection are repeated on this inspection.</li> <li>* Please provide invoice from your facilities last hood cleaning and service by professional company.</li> <li>* If at any future field visit or inspection foods that require 7-day discard labeling are found to be unlabeled all product will be discarded.</li> <li>* Your facility is at risk of being placed on an accelerated inspection schedule.</li> <li>* Table top fryer <u>must</u> be used under vent hood <u>only</u>. It cannot be used on table located away from hood.</li> </ul>		

Person in Charge (Signature)

Date

9/7/2021

Inspector (Signature)

Follow-up:  Yes  No (Check one)

Follow-up Date:

9/9/2021