

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	0	Date	6/4/21	
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	14:00	
CS's Love Peace + Grub		1204	Permit Holder	Julie Hoskins		Time Out	4:30
Street Address		City/State	Purpose of Inspection		Risk Category		
479 Morgan Rd		Elkville	Routine		II		
ZIP Code		62932					

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
Supervision				Protection from Contamination			
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				Food separated and protected			
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				17	<input checked="" type="radio"/> In <input type="radio"/> Out		
3	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Time/Temperature Control for Safety			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<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				Proper cooking time and temperatures			
5	<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		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling time and temperature			
Proper eating, tasting, drinking, or tobacco use				21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper hot holding temperatures			
No discharge from eyes, nose, and mouth				22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Preventing Contamination by Hands				Proper cold holding temperatures			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Hands clean and properly washed				Proper date marking and disposition			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			24	<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				Time as a Public Health Control; procedures & records			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Consumer Advisory			
Adequate handwashing sinks properly supplied and accessible				25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Approved Source				Consumer advisory provided for raw/undercooked food			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Highly Susceptible Populations			
Food obtained from approved source				26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered			
Food received at proper temperature				Food/Color Additives and Toxic Substances			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			
GOOD RETAIL PRACTICES				Conformance with Approved Procedures			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				29	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		Compliance with variance/specialized process/HACCP			
				Safe Food and Water			
				Proper Use of Utensils			
				43	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
				In-use utensils: properly stored			
				44	<input 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 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 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 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 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 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 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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
				Plumbing installed; proper backflow devices			
				52	<input 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 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 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 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 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 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 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: CS's Love Peace + Grub Establishment #: 1204
Water Supply: Public Private Waste Water System: Public Private
Sanitizer Type: Bleach PPM: 100 Heat: RVA

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
<u>Big Black Frig</u>	<u>41°F</u>		<u>Hot Dog Unit</u>	<u>140°F</u>	
<u>Little Black Frig</u>	<u>30°F</u>		<u>Steam Well</u>	<u>161°F</u>	

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>* No violations @ time of inspection</u>	
	<u>* Note</u>	
	<u>o Commissary for grease trap @ W in DuQuoin.</u>	

CFPM Verification (name, expiration date, ID#):
Sulie Hoskins (PIC)
19614675 x 7/25

HACCP Topic:

Sulie Hoskins
Person in Charge (Signature) 6/4/21
Date

[Signature]
Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____