

# 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	1	Date	10/21/2021	
Establishment <b>Dale's Burger Shack</b>		License/Permit # <b>#118</b>		No. of Repeat Risk Factor/Intervention Violations	1	Time In	12:30pm	
Street Address <b>1709 W. Main St.</b>		ZIP Code <b>62901</b>		Permit Holder	<b>Joshua Liechty</b>		Time Out	1:30pm
City/State <b>Carbondale, IL</b>				Purpose of Inspection	<b>Routine</b>			
							Risk Category	<b>I</b>

## 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				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		
<b>Employee Health</b>				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			<b>Time/Temperature Control for Safety</b>			
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		
<b>Good Hygienic Practices</b>				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/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/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		
<b>Preventing Contamination by Hands</b>					Proper cold holding temperatures		
8	<input checked="" type="radio"/> In <input type="radio"/> Out <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			<b>Consumer Advisory</b>			
	Adequate handwashing sinks properly supplied and accessible			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
<b>Approved Source</b>					Consumer advisory provided for raw/undercooked food		
11	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Highly Susceptible Populations</b>			
	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			<b>Food/Color Additives and Toxic Substances</b>			
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		
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>			
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    COS=corrected on-site during inspection    R=repeat violation					Compliance with variance/specialized process/HACCP		

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

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

# Food Establishment Inspection Report

Establishment: Dale's Burger Shack Establishment #: 448 1089

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: 200 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Avantco 3-door	37°				
Beverage air AA	38°				
make table (w) AA	33°				
make table (E) AA	38°				
Cocacola Cooler AA	31°				
grab + go AA	41				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
23	Provide accurate 7-day discard labeling for all cooked TCS products + all sealed + opened TCS products throughout facility. All labels <u>must</u> include a <u>written</u> date (7-day date). Upon inspection chili, bacon, + sliced tomatoes w/o dates/labels all products discarded.	COS
55	Clean hood filters. Grease noted.	NRI
<p><u>Note</u> At any future field visit or inspection TCS items in facility that require 7-day discard labels are found to be unlabeled <u>all</u> products will be discarded.</p>		

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

on file at HD

HACCP Topic: 2, 8, 15, 23

Person in Charge (Signature) [Signature] Date 10/21/21

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