

# 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	11/8/21
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:00
Street Address			Permit Holder	Erma Tomas	Time Out	2:30
City/State		ZIP Code	Purpose of Inspection		Risk Category	I
Donna Camilla		1026	Routine			
100 W Jackson St		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		COS	R
<b>Supervision</b>			
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, N/A		
Certified Food Protection Manager (CFPM)			
<b>Employee Health</b>			
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			
<b>Good Hygienic Practices</b>			
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O		
Hands clean and properly washed			
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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			
<b>Approved Source</b>			
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, N/A, N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> In <input type="radio"/> Out		X
Food in good condition, safe, and unadulterated			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Required records available: shellstock tags, parasite destruction			

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

		COS	R
<b>Safe Food and Water</b>			
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	<input checked="" type="radio"/> Insects, rodents, and animals not present		
39	<input checked="" type="radio"/> Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

		COS	R
<b>Proper Use of Utensils</b>			
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	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: (KJ) Irma Dona Camilla Establishment #: 1026  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Bleach PPM: 100 Heat: R/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Make Table	39°F	Steam Well	—		
3-Door	40°F	o Rice	141°F		
2-Door Sliding	37°F	o Beans	135°F		
Single Door Standing	30°F				

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
13	Remove spoiled/moldy food from facility when product has turned + shows signs of spoilage/mold. Several vegetable/fruit items noted throughout. This may be exacerbating the fruit fly issue.	COS
38	Provide adequate pest control for fruit flies, or show receipt of treatments. Excessive amount of flies noted. Disabling food product @ end of day will assist in reducing source for insects!	15 11/10/21 (KJ)
<p>*Note: o You must throw away food @ end of night! This issue will cause more problems w/ insects/rodents in the future!</p>		

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

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HACCP Topic: 13, 16, 21, 22

Irma Tomas \_\_\_\_\_  
 Person in Charge (Signature) Date: 11/8/21

Follow-up:  Yes  No (Check one) Follow-up Date: 11/10/21  
[Signature] \_\_\_\_\_  
 Inspector (Signature) (KJ)