

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 2 3	Date 9/18/2020
Establishment Fire + Ice Shaved Ice + Snacks		License/Permit # 1174		No. of Repeat Risk Factor/Intervention Violations 0	Time In 3:30 pm
Street Address Walnut St (corner of 22nd)		City/State Murphysboro, IL		Permit Holder Sarah Morber	Time Out 3:50 pm
ZIP Code 62916		Purpose of Inspection Routine		Risk Category III	

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
Supervision			
1	In Out		
2	In, Out, N/A		
Employee Health			
3	In Out		
4	In Out		
5	In Out		
Good Hygienic Practices			
6	In Out, N/O		
7	In Out, N/O		
Preventing Contamination by Hands			
8	In Out, N/O		
9	In Out, N/A, N/O		
10	In Out		
Approved Source			
11	In Out		
12	In, Out, N/A, N/O		
13	In Out		
14	In, Out, N/A , N/O		

Compliance Status		COS	R
Protection from Contamination			
15	In, Out, N/A , N/O		
16	N/A Out, N/A		
17	N/A In, Out		
Time/Temperature Control for Safety			
18	In, Out, N/A , N/O		
19	In, Out, N/A , N/O		
20	In, Out, N/A , N/O		
21	In, Out, N/A , N/O		
22	In Out, N/A, N/O		
23	In, Out, N/A , N/O		
24	In, Out, N/A , N/O		
Consumer Advisory			
25	In, Out, N/A		
Highly Susceptible Populations			
26	In, Out, N/A		
Food/Color Additives and Toxic Substances			
27	In, Out, N/A		
28	N/A Out, N/A		
Conformance with Approved Procedures			
29	In, Out, N/A		

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		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
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		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, and animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	X Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
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		
Utensils, Equipment and Vending			
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		
Physical Facilities			
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		
Employee Training			
57	All food employees have food handler training		
58	Allergen training as required		

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Establishment: Fire & Ice Shaved Ice & Snacks Establishment #: _____

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: < 100 Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Thomson	34°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
11/41	Provide sanitizer bucket for wiping cloth storage in between uses. These buckets must be set-up any time you are operating (chlorine ≈ 50-100ppm)	COS ↓
28	Provide proper sanitizer concentration in bleach/water spray bottle (chlorine=50-100ppm). Upon inspection bottle concentration was > 100ppm.	
	*Discussed inspection w/ Chris Morber.	

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

N/A			
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HACCP Topic: 8, 116

Person in Charge (Signature) _____ Date 9/10/2020

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