

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	8/5/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	1:30
Street Address		City/State		Permit Holder	Theresa Teresa Blankenship		
City/State		ZIP Code		Purpose of Inspection	Probationary/Routine		
214 W Main St		Ara		62907		Time Out	2:30
						Risk Category	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
Supervision							
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 <input type="radio"/> N/A			Certified Food Protection Manager (CFPM)			
Employee Health							
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			
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Hands clean and properly washed			
9	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> 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			
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Food obtained from approved source			
12	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Food received at proper temperature			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			Food in good condition, safe, and unadulterated			
14	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Food separated and protected			
16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> 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			
Time/Temperature Control for Safety							
18	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper cooking time and temperatures			
19	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding			
20	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper cooling time and temperature			
21	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			Proper hot holding temperatures			
22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cold holding temperatures			
23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper date marking and disposition			
24	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O			Time as a Public Health Control; procedures & records			
Consumer Advisory							
25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations							
26	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances							
27	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A			Food additives: approved and properly used			
28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Toxic substances properly identified, stored, and used			
Conformance with Approved Procedures							
29	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> 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

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water							
30	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Pasteurized eggs used where required			
31	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Water and ice from approved source			
32	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Variance obtained for specialized processing methods			
Food Temperature Control							
33	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Plant food properly cooked for hot holding			
35	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Approved thawing methods used			
36	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Thermometers provided & accurate			
Food Identification							
37	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Food properly labeled; original container			
Prevention of Food Contamination							
38	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Insects, rodents, and animals not present			
39	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Contamination prevented during food preparation, storage and display			
40	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Personal cleanliness			
41	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Wiping cloths: properly used and stored			
42	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Washing fruits and vegetables			
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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: Gabby's on Main Establishment #: Probationary

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	36°F	No Hot Holding @			
2-Door	39°F	Time of Inspection			
Make Table	41°F				
Home style	41°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
55	Paint/seal bare wood on floor @ bar. Additionally fill all voids where electrical conduit is present to facilitate cleaning.	
47	Paint/seal all bare wood @ bar area. Wood must be smooth, easily cleanable, + non-absorbant.	
<p>*Note:</p> <ul style="list-style-type: none"> This sheet shall serve as a probationary + routine inspection/permit to operate. It is contingent upon any other local or state laws + inspections. Outside area where smoker is going to be must be smooth, easily cleanable, + non absorbant. Additionally the entire area must be screened in to exclude the entrance of rodents + insects 		

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

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HACCP Topic: 16,21,22

[Signature] Person in Charge (Signature) 8/5/21 Date

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