

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	Date <u>11/18/21</u>
Establishment <u>Hillbilly Pizza</u>		License/Permit # <u>153</u>		No. of Repeat Risk Factor/Intervention Violations	Time In <u>3:50</u>
Street Address <u>102 Front Street</u>		City/State <u>Campbell Hill, IL</u>		Permit Holder <u>Pat & Roy Ehlers</u>	Time Out <u>4:30</u>
City/State <u>Campbell Hill, IL</u>		ZIP Code <u>62916</u>		Purpose of Inspection <u>Routine</u>	Risk Category <u>II</u>

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	Description	COS	R	Compliance Status	Description	COS	R
Supervision							
1	<u>In</u> Person in charge present, demonstrates knowledge, and performs duties			15	<u>In, Out, N/A, N/O</u> Food separated and protected		
2	<u>In, Out, N/A</u> Certified Food Protection Manager (CFPM)			16	<u>In, Out, N/A</u> Food-contact surfaces; cleaned and sanitized		
Employee Health							
3	<u>In, Out</u> Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<u>In, Out</u> Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<u>In, Out</u> Proper use of restriction and exclusion			Time/Temperature Control for Safety			
5	<u>In, Out</u> Procedures for responding to vomiting and diarrheal events			18	<u>In, Out, N/A, N/O</u> Proper cooking time and temperatures		
Good Hygienic Practices							
6	<u>In, Out, N/O</u> Proper eating, tasting, drinking, or tobacco use			19	<u>In, Out, N/A, N/O</u> Proper reheating procedures for hot holding		
7	<u>In, Out, N/O</u> No discharge from eyes, nose, and mouth			20	<u>In, Out, N/A, N/O</u> Proper cooling time and temperature		
Preventing Contamination by Hands							
8	<u>In, Out, N/O</u> Hands clean and properly washed			21	<u>In, Out, N/A, N/O</u> Proper hot holding temperatures		
9	<u>In, Out, N/A, N/O</u> No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			22	<u>In, Out, N/A, N/O</u> Proper cold holding temperatures		
10	<u>In, Out</u> Adequate handwashing sinks properly supplied and accessible			23	<u>In, Out, N/A, N/O</u> Proper date marking and disposition		
Approved Source							
11	<u>In, Out</u> Food obtained from approved source			24	<u>In, Out, N/A, N/O</u> Time as a Public Health Control; procedures & records		
12	<u>In, Out, N/A, N/O</u> Food received at proper temperature			Consumer Advisory			
13	<u>In, Out</u> Food in good condition, safe, and unadulterated			25	<u>In, Out, N/A</u> Consumer advisory provided for raw/undercooked food		
14	<u>In, Out, N/A, N/O</u> Required records available: shellstock tags, parasite destruction			Highly Susceptible Populations			
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	Description	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	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

Compliance Status	Description	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: Hillbilly pizza Establishment #: 153

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
Fridge	40				
Pizza Fridge	39				
Walkin	39				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>no violations observed.</u>	

CFPM Verification (name, expiration date, ID#):
Pat Ehlers
#21452671 exp 4/23

HACCP Topic: 2, 16, 28, 22, 23

Roz Ehler _____ 11/18/21 _____
 Person in Charge (Signature) Date

Shauna Beasley _____ Follow-up: Yes No (Check one) Follow-up Date: _____
 Inspector (Signature)