

# 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 <span style="float: right;">1</span>	Date <u>8/27/21</u>
Establishment <u>Lam Java</u> License/Permit # <u>1041</u>		No. of Repeat Risk Factor/Intervention Violations <span style="float: right;">0</span>	Time In <u>10:00</u>
Street Address <u>715 N. 14th Street</u>		Permit Holder <u>Brandy B. Phillips</u>	Time Out <u>11:30</u>
City/State <u>Murphysboro, IL</u> Zip Code <u>62906</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		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
1	<u>In, Out</u>			15	<u>In, Out, N/A, N/O</u>		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	<u>In, Out, N/A</u>			16	<u>In, Out, N/A</u>		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>							
3	<u>In, Out</u>			17	<u>In, Out</u>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	<u>In, Out</u>			<b>Time/Temperature Control for Safety</b>			
Proper use of restriction and exclusion				18	<u>In, Out, N/A, N/O</u>		
5	<u>In, Out</u>			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<u>In, Out, N/A, N/O</u>		
<b>Good Hygienic Practices</b>				Proper reheating procedures for hot holding			
6	<u>In, Out, N/O</u>			20	<u>In, Out, N/A, N/O</u>		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	<u>In, Out, N/O</u>			21	<u>In, Out, N/A, N/O</u>		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
<b>Preventing Contamination by Hands</b>				22	<u>In, Out, N/A, N/O</u>		
8	<u>In, Out, N/O</u>			Proper cold holding temperatures			
Hands clean and properly washed				23	<u>In, Out, N/A, N/O</u>		
9	<u>In, Out, N/A, N/O</u>			Proper date marking and disposition			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				24	<u>In, Out, N/A, N/O</u>		
10	<u>In, Out</u>			Time as a Public Health Control; procedures & records			
Adequate handwashing sinks properly supplied and accessible				<b>Consumer Advisory</b>			
<b>Approved Source</b>							
11	<u>In, Out</u>			25	<u>In, Out, N/A</u>		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	<u>In, Out, N/A, N/O</u>			<b>Highly Susceptible Populations</b>			
Food received at proper temperature				26	<u>In, Out, N/A</u>		
13	<u>In, Out</u>			Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				<b>Food/Color Additives and Toxic Substances</b>			
14	<u>In, Out, N/A, N/O</u>			27	<u>In, Out, N/A</u>		
Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used			
<b>GOOD RETAIL PRACTICES</b>							
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
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>			
31	Water and ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>				45	<u>X</u> Single-use/single-service articles: properly stored and used		
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>			
35	Approved thawing methods used			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>				49	<u>X</u> Non-food contact surfaces clean		
37	Food properly labeled; original container			<b>Physical Facilities</b>			
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, and animals not present			50	Hot and cold water available; adequate pressure		
39	<u>X</u> Contamination prevented during food preparation, storage and display		<u>X</u>	51	Plumbing installed; proper backflow devices		
40	Personal cleanliness			52	Sewage and waste water properly disposed		
41	Wiping cloths: properly used and stored			53	Toilet facilities: properly constructed, supplied, & cleaned		
42	Washing fruits and vegetables			54	Garbage & refuse properly disposed; facilities maintained		
<b>Employee Training</b>							
57	All food employees have food handler training			55	Physical facilities installed, maintained, and clean		
58	Allergen training as required			56	Adequate ventilation and lighting; designated areas used		

# Food Establishment Inspection Report

Establishment: Lam Java Establishment #: 1041

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: Not Set up Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Free</u>	<u>34°</u>				
<u>Frigidaire</u>	<u>34°</u>				
<u>Beverage Air Back</u>	<u>33°</u>				
<u>Beverage Air Front</u>	<u>33°</u>				
<u>Beverage Air Back</u>	<u>40°</u>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
<u>110</u>	<u>Provide proper Sanitizer Concentration (Quat @ 200-400) in Sani buckets/Sink @ all times food/drinks are prepped/served. NO Sani Set up.</u>	<u>8/31/21</u>
<u>110</u>	<u>Provide proper Wash, rinse, Sanitize procedures for utensils that come into contact with TCS items (milk). Upon inspection, Manager stated they rinse them in 120°F water &amp; wash in afternoon. Anything that comes into contact with TCS items must be Sanitized every 4-hrs.</u>	<u>8/31/21</u>
<u>39</u>	<u>Provide closures for all food items in back refrigeration (13) Freezer. Upon inspection, bags of food left open for contamination. (13)</u>	
<u>45</u>	<u>Store all food/food related items a minimum of 6" off the ground throughout facility.</u>	<u>8/31/21</u>
<u>49</u>	<u>Clean shelving in back that Syrup sits on. debris noted.</u>	<u>8/31/21</u>

CFPM Verification (name, expiration date, ID#):  
Brooke Phillips  
2122583 exp 6/26  
 HACCP Topic: 110, 8, 2, 3, 5

Brooke Phillips 8/27/21  
 Person in Charge (Signature) Date

Angela Bradley  
 Inspector (Signature)

Follow-up:  Yes  No (Check one) Follow-up Date: 8/31/21