

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	10/28/21	
Establishment Insomnia Cookies		License/Permit # 1023		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:30 AM	
Street Address 704 S. Illinois Ave		City/State Carbondale, IL		Permit Holder on file @ HD	Time Out			11:50 AM
City/State Carbondale, IL		ZIP Code 62901		Purpose of Inspection Routine		Risk Category II		

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				Protection from Contamination			
1	<input checked="" type="radio"/> In, <input type="radio"/> Out			15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Time/Temperature Control for Safety			
4	<input checked="" type="radio"/> In, <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	<input checked="" type="radio"/> In, <input type="radio"/> Out			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Proper cooling time and temperature			
Proper eating, tasting, drinking, or tobacco use				21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Proper hot holding temperatures			
No discharge from eyes, nose, and mouth				22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Preventing Contamination by Hands				Proper cold holding temperatures			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Hands clean and properly washed				Proper date marking and disposition			
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Time as a Public Health Control; procedures & records			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Consumer Advisory			
Adequate handwashing sinks properly supplied and accessible				25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Approved Source				Consumer advisory provided for raw/undercooked food			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Highly Susceptible Populations			
Food obtained from approved source				26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered			
Food received at proper temperature				Food/Color Additives and Toxic Substances			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			
GOOD RETAIL PRACTICES				Compliance with variance/specialized process/HACCP			

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				Proper Use of Utensils			
30	<input type="checkbox"/>			43	<input type="checkbox"/>		
Pasteurized eggs used where required				In-use utensils: properly stored			
31	<input type="checkbox"/>			44	<input type="checkbox"/>		
Water and ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32	<input type="checkbox"/>			45	<input type="checkbox"/>		
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored and used			
Food Temperature Control				46	<input type="checkbox"/>		
33	<input type="checkbox"/>			Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
34	<input type="checkbox"/>			47	<input type="checkbox"/>		
Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
35	<input type="checkbox"/>			48	<input type="checkbox"/>		
Approved thawing methods used				Warewashing facilities: installed, maintained, & used; test strips			
36	<input type="checkbox"/>			49	<input type="checkbox"/>		
Thermometers provided & accurate				Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37	<input type="checkbox"/>			50	<input type="checkbox"/>		
Food properly labeled; original container				Hot and cold water available; adequate pressure			
Prevention of Food Contamination				51	<input type="checkbox"/>		
38	<input type="checkbox"/>			Plumbing installed; proper backflow devices			
Insects, rodents, and animals not present				52	<input type="checkbox"/>		
39	<input type="checkbox"/>			Sewage and waste water properly disposed			
Contamination prevented during food preparation, storage and display				53	<input type="checkbox"/>		
40	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, & cleaned			
Personal cleanliness				54	<input type="checkbox"/>		
41	<input type="checkbox"/>			Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used and stored				55	<input type="checkbox"/>		
42	<input type="checkbox"/>			Physical facilities installed, maintained, and clean			
Washing fruits and vegetables				56	<input type="checkbox"/>		
				Adequate ventilation and lighting; designated areas used			
Employee Training				57	<input type="checkbox"/>		
57	<input type="checkbox"/>			All food employees have food handler training			
58	<input type="checkbox"/>			Allergen training as required			

Food Establishment Inspection Report

Establishment: Insomma Cookies Establishment #: 1023

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 200 Heat: N/A

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
<u>2-door milk cooler</u>							
<u>all freezers good</u>							

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>* Because of the extremely limited food prep taking place at the facility I am reclassifying this facility from a risk category II to a risk category III.</u>	

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

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HACCP Topic: 2, 8, 9, 16

Shaneke Be... _____ 10/28/2021
Person in Charge (Signature) Date

Brittany Wheeler _____
Inspector (Signature)

Follow-up: Yes No (Check one) Follow-up Date: _____