

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	1	Date	9/29/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	12:00
Street Address		City/State		Permit Holder	Jordan McCoy		
817 S IL Ave		Carbondale		Purpose of Inspection	Routine		
		ZIP Code					
		62901					

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			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			Time/Temperature Control for Safety			
Employee Health							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Proper use of restriction and exclusion			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Procedures for responding to vomiting and diarrheal events			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O		
	Proper eating, tasting, drinking, or tobacco use			Consumer Advisory			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			Highly Susceptible Populations			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	Hands clean and properly washed			Food/Color Additives and Toxic Substances			
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Conformance with Approved Procedures			
	Adequate handwashing sinks properly supplied and accessible			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
Approved Source							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out						
	Food obtained from approved source						
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O						
	Required records available: shellstock tags, parasite destruction						

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

Food Establishment Inspection Report

Establishment: The Soos Cup Establishment #: 1215

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	
Small Display	38F				
Large Display	36F				
Made Unit	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS


Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
23	Provide proper date mark labeling for all TCS prep items such as overnight oats, deli meats, eggs etc. Upon inspection several items missing labels.	
	<i>*Note:</i> <ul style="list-style-type: none"> ◦ Due to the change in processes the Facility Category will need to be reassessed. TCS items, such as cooked eggs are not allowed as a cat 3 facility. ◦ A CFPM will have to be present @ all times food is prepared & served. 	

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

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HACCP Topic: 18, 19, 20, 23


Date: 9/29/21


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