

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	10/15/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:15
Street Address		City/State		Permit Holder	Doug Robinson		
City/State		ZIP Code		Purpose of Inspection	Routine		
Keeper's Quarter		1135		8175 IL Ave			
Carbondale		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		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Employee Health							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			Time/Temperature Control for Safety			
5	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			Consumer Advisory			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			25	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O			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		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	<input checked="" type="checkbox"/> 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							
53	Toilet facilities: properly constructed, supplied, & cleaned			54	Garbage & refuse properly disposed; facilities maintained		
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: Keeper's Quarters Establishment #: 113S
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Bleach/Quat PPM: 100/200 Heat: R/A

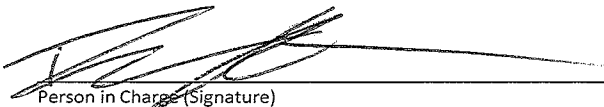
TEMPERATURE OBSERVATIONS

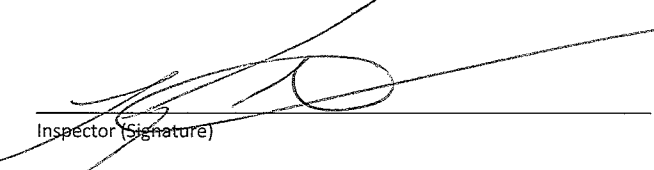
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Single Door Unit	38°F	No hot holding			
(") 2	37°F				
Make Unit	36°F				
(") 2	38°F				
Grill Unit	40°F				
4-Door Unit	39°F				
2-Door Unit	41°F				
Walkin	36°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
49	Clean interior of ice machine. Mildew/mold noted.	RRT
55	Paint/seal all bare wood in downstairs storage area for liquor/etc.	↓
	*Note Some areas on outside smoker enclosure need better seals to exclude the entrance of rodents/insects.	

CFPM Verification (name, expiration date, ID#):
Doug Robinson _____
 HACCP Topic: 22, 23, 16

 _____
 Person in Charge (Signature) Date 10/15/21

 _____
 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: R/A