

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	10/8/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:15
Street Address		City/State		Permit Holder	Risk Category		
1801 Walnut St		Murphysboro		Bonnie Miller			I
City/State		ZIP Code		Purpose of Inspection			
Murphysboro		62966		Routine			

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
Supervision			
1	Person in charge present, demonstrates knowledge, and performs duties		
2	Certified Food Protection Manager (CFPM)		
Employee Health			
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	Proper use of restriction and exclusion		
5	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	Proper eating, tasting, drinking, or tobacco use		
7	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	Hands clean and properly washed		
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	Food obtained from approved source		
12	Food received at proper temperature		
13	Food in good condition, safe, and unadulterated		
14	Required records available: shellstock tags, parasite destruction		

Compliance Status	Description	COS	R
Protection from Contamination			
15	Food separated and protected		
16	Food-contact surfaces; cleaned and sanitized		
17	Proper disposition of returned, previously served, reconditioned and unsafe food		
Time/Temperature Control for Safety			
18	Proper cooking time and temperatures		
19	Proper reheating procedures for hot holding		
20	Proper cooling time and temperature		
21	Proper hot holding temperatures		
22	Proper cold holding temperatures		
23	Proper date marking and disposition		
24	Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	Food additives: approved and properly used		
28	Toxic substances properly identified, stored, and used		
Conformance with Approved Procedures			
29	Compliance with variance/specialized process/HACCP		

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		

Food Establishment Inspection Report

Establishment: Kilby's Establishment #: 1154

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Walkin	36°F				
Standing Unit	40°F				
2-Door Unit	48°F				
- Not in Use	—				
Make Table	36°F				
2-Door lower Unit	39°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
15/39	Refrain from storing any food product below dripping condenser unit in walkin cooler. Upon inspection open hams noted w/ excessive water dripping from unit above. Unit appears to be improperly draining & it's dripping on food product below. You can not store any food/product below dripping/splashing water. Items w/ water contamination discarded!	10/12/21

***Note:**
 * Refrigeration unit must be repaired & rechecked prior to storing food below.

CFPM Verification (name, expiration date, ID#):
Ronnie Miller _____

HACCP Topic: 16, 21, 22, 24, 15

_____ Date: 10/8/21

Inspector (Signature)
Follow-up: Yes No (Check one)
Follow-up Date: 10/12/21