

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 8/23/2021
Establishment Lamy's House of Cakes		License/Permit # 781	Time In 10:45am
Street Address 1807 W. main St		Permit Holder Dale Clayton	Time Out 11:20am
City/State Carbondale, IL		ZIP Code 62901	Risk Category II
		Purpose of Inspection 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		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	<input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Certified Food Protection Manager (CFPM)			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Food-contact surfaces; cleaned and sanitized		
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooking time and temperatures		
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper reheating procedures for hot holding		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooling time and temperature		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O No discharge from eyes, nose, and mouth			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper hot holding temperatures		
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Hands clean and properly washed			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cold holding temperatures		
9	<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			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper date marking and disposition		
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Time as a Public Health Control; procedures & records		
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out Food obtained from approved source			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Food received at proper temperature			Conformance with Approved Procedures			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out Food in good condition, safe, and unadulterated			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Food additives: approved and properly used		
				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Toxic substances properly identified, stored, and used		
				29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A 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		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
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		
Food Identification				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			Employee Training			
Prevention of Food Contamination				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	Physical facilities installed, maintained, and clean		
				56	Adequate ventilation and lighting; designated areas used		

Food Establishment Inspection Report

Establishment: Larry's House of Cakes Establishment #: 781
 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
Walk-in	38°				
True 3-door	35°				
Case (L)	38°				
Case (R)	38°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
38	Replace door sweep at back door to prevent entrance of pests.	NPI
55	Clean floors throughout kitchen under hard to reach areas (floor-wall junction) under equipment, shelves, + prep table.	↓

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

Madison Zwergart
 # jlfbk-ihk3efb
 exp 3/2026

HACCP Topic: 2, 16, 22, 8

D. A. Chyl 8/23/2021
 Person in Charge (Signature) Date

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