

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	10/25/21	
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	1:30	
Street Address		City/State		Permit Holder	Kaithlyn Poole			
City/State		ZIP Code		Purpose of Inspection	Routine			
Little Caesars		62901		Risk Category				II
819 W. Main Street								

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
Supervision			
1	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)			
Employee Health			
3	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O		
Hands clean and properly washed			
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			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Adequate handwashing sinks properly supplied and accessible			
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, <input type="radio"/> N/A, <input type="radio"/> 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 type="radio"/> N/A, <input type="radio"/> N/O		
Required records available: shellstock tags, parasite destruction			

Compliance Status		COS	R
Protection from Contamination			
15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food-contact surfaces; cleaned and sanitized			
17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Proper disposition of returned, previously served, reconditioned and unsafe food			
Time/Temperature Control for Safety			
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			
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			
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			
21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper cold holding temperatures			
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			
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			
Consumer Advisory			
25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
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			
Conformance with Approved Procedures			
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
Safe Food and Water			
30	<input type="checkbox"/>		
Pasteurized eggs used where required			
31	<input type="checkbox"/>		
Water and ice from approved source			
32	<input type="checkbox"/>		
Variance obtained for specialized processing methods			
Food Temperature Control			
33	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="checkbox"/>		
Plant food properly cooked for hot holding			
35	<input type="checkbox"/>		
Approved thawing methods used			
36	<input type="checkbox"/>		
Thermometers provided & accurate			
Food Identification			
37	<input type="checkbox"/>		
Food properly labeled; original container			
Prevention of Food Contamination			
38	<input type="checkbox"/>		
Insects, rodents, and animals not present			
39	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display			
40	<input type="checkbox"/>		
Personal cleanliness			
41	<input type="checkbox"/>		
Wiping cloths: properly used and stored			
42	<input type="checkbox"/>		
Washing fruits and vegetables			

Compliance Status		COS	R
Proper Use of Utensils			
43	<input type="checkbox"/>		
In-use utensils: properly stored			
44	<input type="checkbox"/>		
Utensils, equipment & linens: properly stored, dried, & handled			
45	<input type="checkbox"/>		
Single-use/single-service articles: properly stored and used			
46	<input type="checkbox"/>		
Gloves used properly			
Utensils, Equipment and Vending			
47	<input type="checkbox"/>		
Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input type="checkbox"/>		
Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="checkbox"/>		
Non-food contact surfaces clean			
Physical Facilities			
50	<input type="checkbox"/>		
Hot and cold water available; adequate pressure			
51	<input type="checkbox"/>		
Plumbing installed; proper backflow devices			
52	<input type="checkbox"/>		
Sewage and waste water properly disposed			
53	<input type="checkbox"/>		
Toilet facilities: properly constructed, supplied, & cleaned			
54	<input type="checkbox"/>		
Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="checkbox"/>		
Physical facilities installed, maintained, and clean			
56	<input type="checkbox"/>		
Adequate ventilation and lighting; designated areas used			
Employee Training			
57	<input type="checkbox"/>		
All food employees have food handler training			
58	<input type="checkbox"/>		
Allergen training as required			

Food Establishment Inspection Report

Establishment: Little Caesars Establishment #: 6416

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 400 Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
WI	35	Heat Cab	142		
		" "	158		
Make					
- Cheese	40				
- Sausage	39				
- Garlic Cheese	51				
- Sauce	47				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
22	Provide proper cold holding temperatures at 41°F or below for all TCS items. Upon inspection, pizza make table is completely down. Refrigeration is not working. Several items in this area above 41°F. Garlic Cheese Spread discarded, product @ 51°F.	10/26/21
49	Clean exterior of Sauce bottles. Excessive splash & build up noted.	10/26/21
49	Clean build up on Speed racks. Sticky to touch & noticeably dirty.	10/26/21
55	Clean all walls & ceiling tiles throughout today's facility. All walls & ceiling tiles with excessive grease. When taking an alcohol swab & cleaning walls, swab comes off dirty and walls clean.	10/26/21
55	Clean vent hood area in kitchen. Excessive build up	10/26/21

CFPM Verification (name, expiration date, ID#):
Mathew Poole
3410 17229767 12123
 HACCP Topic: 22, 2, 28, 24

Person in Charge (Signature): Kathy Poole Date: 10/26/21

Inspector (Signature): Playla B... Follow-up: Yes No (Check one) Follow-up Date: _____

Food Establishment Inspection Report

Establishment: Little Caesars

Establishment #: 646

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	(Cont'd)	
	dust / grease noted. Once these get build up on filters & vents, they don't pull adequate smokes, grease, vapors as they should.	
55	Clean floors near back of facility. Excessive grease noted.	10/26/21
	<u>NOTES</u>	
	* With make table down, you must label all items w/ 4-hr discard. You also must only fill pans 1/2 full. At the end of 4-hrs, all pans get washed, products get dumped and are fresh restocked. It would also help to use ice if at all possible. If at any time, you cannot do this safely, you will not be able to do it.	
	A recheck will be performed on 10/26/21 to ensure proper processes are being followed. If they're not being followed, your permit will be suspended until new make table is put in & verified by JCHD.	
	* Facility floor, walls & ceiling surfaces are not being cleaned as they should be. This will be a very timely project but needs addressed asap.	

Kait Pal
Person in Charge (Signature)

10/25/21
Date

Alayna Brasley
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: 10/26/21