Food Establishment Inspection Report

Jackson County Health Department						No. of Risk Factor/Intervention Violations Date 7/13/21							
PO Box 307 – 415 Health Department Rd Murphysboro IL 62966 (618) 684-3143 ext. 128					Time In / 10						0:15	3	
Est	ablishment	License/Permit #								:15			
Street Address Street					Permit Holder Marilyo Martin Risk Category								
1105 1L Are #5						Purpose of Inspection							
City/State Carboslale ZIP Code						Kouthe							
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS												
	Circle designat	ed compliance status (IN, OUT, N	/O, N/A) for each numb	item		Diel fe de							
IN=in compliance OUT=not in compliance N/O=not observed N/A=not							1	e important practice ributing factors of fo					
Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation								re control measures		• •			
Compliance Status COS							R Compliance Status COS R						
		Supervision	N. Dr. <u>Laboration</u> St. 1988 (1981)	1000	Protection from Contamination								
1	(n)out	Person in charge present, demonstrates knowledge, and performs duties				15 (In)Out, N/A, N/O Food separated and protected							
2	(In)Out, N/A	Certified Food Protection Manager (CFPM)			\vdash	16	in Dut, N/A	Food-contact surface	s; cleaned a	nd sanitized			
		Employee Health				17	(în,)put	Proper disposition of		reviously served,			
3	Bout	Management, food employee and conditional employee;			- Sept. 12	- F		reconditioned and un fime/Temperature (Safety			
	(in)out	knowledge, responsibilities and reporting		ļ	\sqcup	18	18 (In.)Out, N/A, N/O Proper cooking time and temperatures						
5	(In)Out	Proper use of restriction and exclusion Procedures for responding to vomiti			\blacksquare	19	In, Out (N/A) N/O	Proper reheating pro				-	
	- Jour	Good Hygienic Practices				20 In, Out, WAN/O Proper cooling time and temperature 21 (n)Out, N/A, N/O Proper hot holding temperatures				+-	+		
6	(In,)Out, N/O	Proper eating, tasting, drinking, or to	and the state of t	T		22	(Iñ) Out, N/A, N/O	Proper cold holding to			+	+	
7	(In, Qut, N/O	No discharge from eyes, nose, and m	nouth			23	(In)Out, N/A, N/O	Proper date marking			+		
		Preventing Contamination by	Hands	·		24	in, Out N/A N/O	Time as a Public Heal					
8	(in,)Out, N/O	Hands clean and properly washed				24.5		Consumer	Advisory	<u></u>			
9	(in, put, N/A, N/O	No bare hand contact with RTE food alternative procedure properly allow	or a pre-approved red			25	In Out, N/A	Consumer advisory pr	rovided for r	aw/undercooked foo	1		
10	(În) Out	Adequate handwashing sinks proper	ly supplied and accessible			-		Highly Susceptible					
		Approved Source				26	In, Out, (N/A)	Pasteurized foods use			<u></u>		
11	(h) Out	Food obtained from approved source	9			4.0		d/Color Additives a					
12	In, Out, N/A, N/O	Food received at proper temperature	9			27	In, Out, (V/A)	Food additives: appro	-		ــــــ	1	
13	(In)Out	Food in good condition, safe, and un	adulterated			28	(in)Out, N/A	Toxic substances prop					
14	In, Out, WA)N/O	Required records available: shellstoo	k tags, parasite			29		nformance with App	secondary and second	<u> </u>			
destruction GOOD RETA							In, Out, (VA)	Compliance with varia	ance/special	ized process/HACCP		J	
		Good Retail Practices are preven	Street, transfer ode, training to the				The fig. of the Section of Section 1997, section 1997, and the sec	cals and physical ob	siacts into f	oods	_:::-		
N		mbered item is notin compliance						corrected on-site dur			iolatic	on	
COS R					3						cos	R	
		Safe Food and Water		9834	4			Proper Use of	Utensils	<u> </u>		\square	
30		sed where required		\perp		43	In-use utensils: properly stored						
31	11			+	⊣ ⊢	44 45	Utensils, equipment & linens: properly stored, dried, & handled Single-use/single-service articles: properly stored and used						
Food Temperature Control				<u> </u>	- ⊢	46							
33	Proper cooling met	hods used; adequate equipment for t						Utensils, Equipment	and Vend	ing			
34	Plant food properly cooked for hot holding				_ [.	47	Food and non-food co	ontact surfaces cleanab	le, properly	designed, constructed	,		
35					_ -	48							
36 Thermometers provided & accurate				-	49	Warewashing facilities: installed, maintained, & used; test strips Non-food contact surfaces clean					+		
Food Identification					4 -	Physical Facilities							
Food properly labeled; original container					IJ F	50	Hot and cold water av	/ailable; adequate press		awith the control	т—	T	
Prevention of Food Contamination						51					-	\blacksquare	
38 Insects, rodents, and animals not present					1			oper backflow devices			₩	\sqcup	
39					- 1 ⊢	52		ter properly disposed	al 0 -1:	a .	-	\dashv	
40 Personal cleanliness				1 –	53		rly constructed, supplie			+-	$\vdash \mid$		
41 Wiping cloths: properly used and stored					- ⊢	54 55		perly disposed; facilitie			+	\vdash	
Washing fruits and vegetables					- 1 ⊢	56		alled, maintained, and o and lighting; designated			\vdash	\vdash	
					F			Employee Tr				닉	
					-	57	All food employees ha	ave food handler training			T	П	
					٦,	58	Allergen training as re	united			1		

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Establishment:	Louis		Establishmen	t#: 883						
Water Supply: Public Public	Private W	aste Water System: Public	— □ Private							
Sanitizer Type: 3/es	ch		100	Heat: 12//						
		TEMPERATURE OBSEI	RVATIONS							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
Walkin	36-F	Steam Table								
Make Table	39-4	· Grave	and the second							
Cook's Refrigerators	34°F	Vamer								
Pie Cooler	HO"F	· Sausage	150·T							
Milk Cocier 37		Soup Warmer	States							
		· Italian Beef	161°F							
		•								
		OBSERVATIONS AND CORRI	ECTIVE ACTIONS							
Item Number	Violations	cited in this report must be correcte	ed within the time fr	ames below.	Correct By					
55 Renair wa	11 behn	I mapsiak to be s	mooth + ea	sily cleanable						
SSSARTON				To the second se						
		•								
	* 1 Cote:									
o tosure a	· Ensure all items morel from Freezer reciere accurate 7-day									
lahels	lahels									
- 50										
	" It's recommended that a 4 hour process is along e grill area to									
ensure tool	schoty.	9		<u> </u>						
o France d	- h	0- 15 100	1 hadres							
	lish wash	ner is waihing have	le hetween	handling daty &						
CFPM Verification (name, expir	ation date ID	₩١٠		·						
Marily Martin										
528335 × 4/25										
HACCP Topic: / 16,21,72	-	2-11-11-11-11-11-11-11-11-11-11-11-11-11								
RWMart		7/13/20								
Person in Charge (Signature)		Dafe /								
	×									
				The commence of the commence o						
1/2-12		Follow-up: Yes	No (Check one)	Follow-up Date:						
Inspector (Signature)										