

# 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	11/12/2021
Establishment <b>McDonalds 51S</b>		License/Permit # <b>1072</b>		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:45am
Street Address <b>1920 S. Illinois Ave</b>		City/State <b>Carbondale, IL</b>		Permit Holder <b>SMJ-2 Inc</b>		Time Out	11:20am
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</b>		Purpose of Inspection <b>Routine</b>		Risk Category	<b>II</b>

## 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	Supervision	COS	R	Compliance Status	Protection from Contamination	COS	R
	<b>Supervision</b>				<b>Protection from Contamination</b>		
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		
	<b>Employee Health</b>			17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting			<b>Time/Temperature Control for Safety</b>			
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion			18	<input checked="" type="radio"/> In, Out, N/A, 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, Out, N/A, N/O Proper reheating procedures for hot holding		
	<b>Good Hygienic Practices</b>			20	<input checked="" type="radio"/> In, Out, N/A, N/O Proper cooling time and temperature		
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper hot holding temperatures		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cold holding temperatures		
	<b>Preventing Contamination by Hands</b>			23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper date marking and disposition		
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Hands clean and properly washed			24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Time as a Public Health Control; procedures & records		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			<b>Consumer Advisory</b>			
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			25	<input checked="" type="radio"/> In, Out, N/A Consumer advisory provided for raw/undercooked food		
	<b>Approved Source</b>			<b>Highly Susceptible Populations</b>			
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source			26	<input checked="" type="radio"/> In, Out, N/A Pasteurized foods used; prohibited foods not offered		
12	<input checked="" type="radio"/> In, Out, N/A, N/O Food received at proper temperature			<b>Food/Color Additives and Toxic Substances</b>			
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated			27	<input checked="" type="radio"/> In, Out, N/A Food additives: approved and properly used		
14	<input checked="" type="radio"/> In, Out, N/A, N/O Required records available: shellstock tags, parasite destruction			28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Toxic substances properly identified, stored, and used		
	<b>GOOD RETAIL PRACTICES</b>			<b>Conformance with Approved Procedures</b>			
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	Safe Food and Water	COS	R
	<b>Safe Food and Water</b>		
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
	<b>Food Temperature Control</b>		
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		
	<b>Food Identification</b>		
37	Food properly labeled; original container		
	<b>Prevention of Food Contamination</b>		
38	<input checked="" type="checkbox"/> 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	Proper Use of Utensils	COS	R
	<b>Proper Use of Utensils</b>		
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		
	<b>Utensils, Equipment and Vending</b>		
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		
	<b>Physical Facilities</b>		
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		
	<b>Employee Training</b>		
57	All food employees have food handler training		
58	Allergen training as required		

# Food Establishment Inspection Report

Establishment: McDonalds 515 Establishment #: 1072

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine/Quat PPM: 50/200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk-in AA	38°	PFU			
Trie AA	32°	• Filet <del>fish</del> Fish	142°		
Undercounter	37°	• Crispy chicken	140°		
Under counter drawer	39°	• Nugegets	142°		
Trie 2-door	42°				
Beverage-air AA	41°				
Beverage-air coffee	41°				

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 side door to dry storage area to prevent potential entrance of pests.	N/E

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

<u>Others on file</u>			
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HACCP Topic: 2, 16, 21, 22

Luis Villeda Person in Charge (Signature)      11/12/2021 Date

Dattany Jones Inspector (Signature)      Follow-up:  Yes  No (Check one)      Follow-up Date: \_\_\_\_\_