

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	2	Date	9/7/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	1	Time In	2:30
Street Address		City/State		Permit Holder	Risk Category		
13693 Highway 149		Murphysboro, IL		Mana Alonso	I		
ZIP Code		Purpose of Inspection					
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		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		X
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			Time/Temperature Control for Safety			
Employee Health				18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
3	<input checked="" type="radio"/> In <input type="radio"/> Out			19	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper use of restriction and exclusion			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		X
	Procedures for responding to vomiting and diarrheal events			24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Proper eating, tasting, drinking, or tobacco use			Highly Susceptible Populations			
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			Food/Color Additives and Toxic Substances			
Preventing Contamination by Hands				27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Hands clean and properly washed			Conformance with Approved Procedures			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			29	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			GOOD RETAIL PRACTICES			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			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			
Approved Source				Safe Food and Water			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			30			
	Food obtained from approved source			31			
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			32			
	Food received at proper temperature			Food Temperature Control			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			33			
	Food in good condition, safe, and unadulterated			34			
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			35			
	Required records available: shellstock tags, parasite destruction			36			

Compliance Status		COS	R	Compliance Status		COS	R
Food Identification				Proper Use of Utensils			
37	<input checked="" type="radio"/> In <input type="radio"/> Out			43			
	Food properly labeled; original container			44			
Prevention of Food Contamination				45			
38	<input checked="" type="radio"/> In <input type="radio"/> Out			46			
	Insects, rodents, and animals not present			Utensils, Equipment and Vending			
39	<input checked="" type="radio"/> In <input type="radio"/> Out			47			
	Contamination prevented during food preparation, storage and display			48			
40	<input checked="" type="radio"/> In <input type="radio"/> Out			49	X		X
	Personal cleanliness			Physical Facilities			
41	<input checked="" type="radio"/> In <input type="radio"/> Out			50			
	Wiping cloths: properly used and stored			51			
42	<input checked="" type="radio"/> In <input type="radio"/> Out			52			
	Washing fruits and vegetables			53			
Employee Training				54			
57				55			
	All food employees have food handler training			56			
58				Employee Training			
	Allergen training as required			57			

Food Establishment Inspection Report

Establishment: mi Patio Establishment #: 937

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: 50/100/0 (corrected to 100) n/a

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	40°	Make table top	37°		
Clear front cooler	42°	Bottom	33°		
Cola cooler	164°				
Burger-Walkin	38°	Bar fridge	40°		
Chicken-Walkin	36°				
Hot hold		Chicken-Hot hold	164°		
- Beans	144°				
- Burger	140°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
23	Provide proper 7 day discard labels for all cooked/cooled TCS items under refrigeration. Upon inspection, chicken tenders in clear front fridge & peppers in bottom of make table w/ no label. These must have dates on them. Products discarded.	CS
39	Provide lids/covers for all food items in coolers. Upon inspection, buckets in walkin w/ no lid/cover & peppers in 2 door silver turbo air freezer in back w/ no cover. With no protection, these items are exposed to potential contamination.	NRI
16	Provide proper sanitizer concentration @ bar area. Upon inspection, sanitizer @ 0ppm. Chlorine should read ~50-100ppm & be changed every 4 hours. Owner corrected to 100ppm.	CS
49	Clean clear drawers taco shells are stored in.	NRI

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

Maria alonso
#15805350 exp 1/22

HACCP Topic: 16, 8, 23, 18, 19, 22

Maria Alonso 9/7/21
 Person in Charge (Signature) Date

Olivera Beatriz
 Inspector (Signature)

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

