

# 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 <b>2</b>	Date <b>10/28/2021</b>
Establishment <b>Pat's BBQ</b>		License/Permit # <b>406</b>	No. of Repeat Risk Factor/Intervention Violations <b>2</b>	Time In <b>2:15pm</b>
Street Address <b>111 Tower Rd</b>		City/State <b>Murphysboro, IL</b>	Permit Holder <b>Patti Walton</b>	Time Out <b>3:30pm</b>
City/State <b>Murphysboro, IL</b>		ZIP Code <b>62916</b>	Purpose of Inspection <b>Routine</b>	Risk Category <b>I</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		COS	R	Compliance Status		COS	R				
<b>Supervision</b>											
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O						
Person in charge present, demonstrates knowledge, and performs duties				<b>Protection from Contamination</b>							
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A						
Certified Food Protection Manager (CFPM)				Food separated and protected							
<b>Employee Health</b>											
3	<input checked="" type="radio"/> In <input type="radio"/> Out			17	<input checked="" type="radio"/> In <input type="radio"/> Out						
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Food-contact surfaces; cleaned and sanitized							
4	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food							
Proper use of restriction and exclusion				<b>Time/Temperature Control for Safety</b>							
5	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O						
Procedures for responding to vomiting and diarrheal events				Proper cooking time and temperatures							
<b>Good Hygienic Practices</b>											
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O						
Proper eating, tasting, drinking, or tobacco use				Proper reheating procedures for hot holding							
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		<input checked="" type="checkbox"/>				
No discharge from eyes, nose, and mouth				Proper cooling time and temperature							
<b>Preventing Contamination by Hands</b>											
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O						
Hands clean and properly washed				Proper hot holding temperatures							
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			22	<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				Proper cold holding temperatures							
10	<input checked="" type="radio"/> In <input type="radio"/> Out			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O						
Adequate handwashing sinks properly supplied and accessible				Proper date marking and disposition							
<b>Approved Source</b>											
11	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O						
Food obtained from approved source				Time as a Public Health Control; procedures & records							
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			<b>Consumer Advisory</b>							
Food received at proper temperature				25	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A						
13	<input checked="" type="radio"/> In <input type="radio"/> Out			Consumer advisory provided for raw/undercooked food							
Food in good condition, safe, and unadulterated				<b>Highly Susceptible Populations</b>							
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A						
Required records available: shellstock tags, parasite destruction				Pasteurized foods used; prohibited foods not offered							
<b>Food/Color Additives and Toxic Substances</b>											
<b>Conformance with Approved Procedures</b>											
27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A						
Food additives: approved and properly used				Toxic substances properly identified, stored, and used							
28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A			<b>Compliance with variance/specialized process/HACCP</b>							
Toxic substances properly identified, stored, and used				29	<input checked="" type="radio"/> In, <input type="radio"/> Out, 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				
<b>Safe Food and Water</b>											
30	<input type="checkbox"/>			<b>Proper Use of Utensils</b>							
Pasteurized eggs used where required				43	<input type="checkbox"/>						
31	<input type="checkbox"/>			In-use utensils: properly stored							
Water and ice from approved source				44	<input type="checkbox"/>						
32	<input type="checkbox"/>			Utensils, equipment & linens: properly stored, dried, & handled							
Variance obtained for specialized processing methods				45	<input type="checkbox"/>						
<b>Food Temperature Control</b>											
33	<input type="checkbox"/>			Single-use/single-service articles: properly stored and used							
Proper cooling methods used; adequate equipment for temperature control				46	<input type="checkbox"/>						
34	<input type="checkbox"/>			Gloves used properly							
Plant food properly cooked for hot holding				<b>Utensils, Equipment and Vending</b>							
35	<input type="checkbox"/>			47	<input type="checkbox"/>						
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
36	<input type="checkbox"/>			48	<input type="checkbox"/>						
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips							
<b>Food Identification</b>											
37	<input type="checkbox"/>			49	<input type="checkbox"/>						
Food properly labeled; original container				Non-food contact surfaces clean							
<b>Prevention of Food Contamination</b>											
<b>Physical Facilities</b>											
38	<input type="checkbox"/>			50	<input type="checkbox"/>						
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure							
39	<input type="checkbox"/>			51	<input type="checkbox"/>						
Contamination prevented during food preparation, storage and display				Plumbing installed; proper backflow devices							
40	<input type="checkbox"/>			52	<input type="checkbox"/>						
Personal cleanliness				Sewage and waste water properly disposed							
41	<input type="checkbox"/>			53	<input type="checkbox"/>						
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, & cleaned							
42	<input type="checkbox"/>			54	<input type="checkbox"/>						
Washing fruits and vegetables				Garbage & refuse properly disposed; facilities maintained							
<b>Employee Training</b>											
57	<input type="checkbox"/>			Physical facilities installed, maintained, and clean							
All food employees have food handler training				55	<input type="checkbox"/>						
58	<input type="checkbox"/>			Adequate ventilation and lighting; designated areas used							
Allergen training as required											

# Food Establishment Inspection Report

Establishment: Pat's BBQ Establishment #: 4016

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>True AA</u>	<u>34°</u>	<u>pepsi single-door</u>	<u>37°</u>		
◦ <u>Wings (from 10 AM)</u>	<u>63°</u>	<u>true 2-door</u>	<u>40°</u>		
		<u>traulsen 2-door</u>	<u>39</u>		
<u>Cold table</u>					
◦ <u>coleslaw</u>	<u>53°</u>	<u>WALK-IN AA</u>	<u>40°</u>		
◦ <u>potato salad</u>	<u>52°</u>				
◦ <u>shredded cheese</u>	<u>54</u>				
◦ <u>diced tomatoes</u>	<u>51°</u>				
◦ <u>pasteur salad</u>	<u>55°</u>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
<u>20/</u>	<u>Provide proper coding procedure for all cooked and cooled TCS products. Upon inspection chicken wings in cooler at 63° without any cooling labels or date mark from when it was made. All product discarded.</u>	<u>CDs</u>
<u>22</u>	<u>Provide proper cold holding temperature (41°F or below) for all TCS products. Upon inspection products in cold table @ 51-55°. All product discarded. Table turned down. will verify temp in morning.</u>	<u>10/29</u>
	<u>Notes</u>	
	<u>* if at any future field visit or inspection foods that are coding are found w/o time/date labels and below 135°, all products will be discarded.</u>	

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

on file

HACCP Topic: 2, 8, 16, 20, 21, 22

Cindy Copple  
Person in Charge (Signature) 10/28/2021  
Date

Bert...  
Inspector (Signature) Follow-up:  Yes  No (Check one) Follow-up Date: 10/29/2021