

# 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>3</b>	Date <b>11/6/21</b>
Establishment <b>Route 51</b>		License/Permit # <b>1085</b>	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>2:45</b>
Street Address <b>8967 N. Highway 51</b>		Permit Holder <b>Chelsey Harris</b>	Time Out <b>4:45</b>	
City/State <b>Elkville, IL.</b>		ZIP Code <b>62932</b>	Risk Category <b>I</b>	
		Purpose of Inspection <b>Routine</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	Supervision
1 <input type="radio"/> In <input type="radio"/> Out			Person in charge present, demonstrates knowledge, and performs duties
2 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Certified Food Protection Manager (CFPM)
<b>Employee Health</b>			
3 <input type="radio"/> In <input type="radio"/> Out			Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 <input type="radio"/> In <input type="radio"/> Out			Proper use of restriction and exclusion
5 <input type="radio"/> In <input type="radio"/> Out			Procedures for responding to vomiting and diarrheal events
<b>Good Hygienic Practices</b>			
6 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper eating, tasting, drinking, or tobacco use
7 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>			
8 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Hands clean and properly washed
9 <input 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 type="radio"/> In <input type="radio"/> Out			Adequate handwashing sinks properly supplied and accessible
<b>Approved Source</b>			
11 <input type="radio"/> In <input type="radio"/> Out			Food obtained from approved source
12 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Food received at proper temperature
13 <input type="radio"/> In <input type="radio"/> Out			Food in good condition, safe, and unadulterated
14 <input 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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Food separated and protected
16 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Food-contact surfaces; cleaned and sanitized
17 <input type="radio"/> In <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food
<b>Time/Temperature Control for Safety</b>			
18 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooking time and temperatures
19 <input 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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cooling time and temperature
21 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper hot holding temperatures
22 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cold holding temperatures
23 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper date marking and disposition
24 <input 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
<b>Consumer Advisory</b>			
25 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>			
26 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered
<b>Food/Color Additives and Toxic Substances</b>			
27 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Food additives: approved and properly used
28 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			Toxic substances properly identified, stored, and used
<b>Conformance with Approved Procedures</b>			
29 <input 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
<b>Food Temperature Control</b>			
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
<b>Food Identification</b>			
37 <input type="checkbox"/>			Food properly labeled; original container
<b>Prevention of Food Contamination</b>			
38 <input type="checkbox"/>			Insects, rodents, and animals not present
39 <input checked="" 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
<b>Utensils, Equipment and Vending</b>			
47 <input checked="" 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 type="checkbox"/>			Non-food contact surfaces clean
<b>Physical Facilities</b>			
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
<b>Employee Training</b>			
57 <input type="checkbox"/>			All food employees have food handler training
58 <input type="checkbox"/>			Allergen training as required

# Food Establishment Inspection Report

Establishment: Route 51 Establishment #: 1085

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
Main make		Warmer	127°		
top - Ham	36°	- Brisket sealed	90°		
Bottom (AA)	34°	- Brisket opened	124°		
		Walk in	37°		
Topping make		Beans	36°		
Top (AA)	38°				
Salad / dressing cooler	38°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
16	Provide proper wash, rinse, Sanitize procedures for meat slicer on clean dish rack. Upon inspection, several areas of slicer with dried food debris.	COS
19/21	Provide proper reheating procedures for all meats being reheated. Upon inspection, in warmer meats tempted at 90°F and 124°F. When asked, employee stated he reheats until its hot to touch. All items you are cooking, cooling, & reheating, you must reheat to 165°F and then place into a warmer to stay above 135°F. At time of inspection, ambient air of warmer at 127°F. Allowing Facility to reheat to 165°F.	COS
39	Clean white shield on interior portion of ice machine. Pink / black mold / mildew present.	NR/
39	Refrain from storing any food product on ground.	NR/

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

John Hayes		
#14439410 exp 12/21		
HACCP Topic: 16, 19, 21		

Chelsey Harris 11/5/21  
 Person in Charge (signature) Date

Cheryl A. Bradley  
 Inspector (signature)

Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_

