

# 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 <u>0</u>	Date <u>11/5/21</u>
Establishment <u>Scratch Brewery</u> License/Permit # <u>993 933</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>5:00</u>
Street Address <u>264 Thompson Bld.</u>		Permit Holder <u>Aaron Kledon/Manika</u>	Time Out <u>6:00</u>
City/State <u>Ava, IL</u> ZIP Code <u>62907</u>		Purpose of Inspection <u>Routine</u>	Risk Category <u>II</u>

## 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>				<b>Protection from Contamination</b>			
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				Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized		
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</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				Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<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				Proper cooking time and temperatures		
5	<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		
	Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding		
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	No discharge from eyes, nose, and mouth				Proper hot holding temperatures		
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Hands clean and properly washed				Proper cold holding temperatures		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<input checked="" 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				Proper date marking and disposition		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records		
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Food obtained from approved source				Consumer advisory provided for raw/undercooked food		
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			<b>Conformance with Approved Procedures</b>			
	Food received at proper temperature			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
13	<input checked="" type="radio"/> In <input type="radio"/> Out				Pasteurized foods used; prohibited foods not offered		
	Food in good condition, safe, and unadulterated			<b>Food/Color Additives and Toxic Substances</b>			
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used		
				28	<input checked="" 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 checked="" 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	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			<b>Physical Facilities</b>			
35	Approved thawing methods used			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	Food properly labeled; original container			49	Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>				<b>Employee Training</b>			
38	Insects, rodents, and animals not present			50	Hot and cold water available; adequate pressure		
39	Contamination prevented during food preparation, storage and display			51	Plumbing installed; proper backflow devices		
40	Personal cleanliness			52	Sewage and waste water properly disposed		
41	Wiping cloths: properly used and stored			53	Toilet facilities: properly constructed, supplied, & cleaned		
42	Washing fruits and vegetables			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: Scratch Brewing Co.

Establishment #: 993

Water Supply:  Public  Private      Waste Water System:  Public  Private

Sanitizer Type: Quat      PPM: 400



## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pizza Make					
- Top	32°				
- Bottom	34°				
Brats	139°				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>NO Violations observed.</u>	

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

Manika Josephson      Exp 11/24

HACCP Topic: 2, 8, 10, 21, 22, 23, 24, 28

[Signature]      11/5/21  
 Person in Charge (Signature)      Date

[Signature]       Yes  No (Check one)      Follow-up Date: \_\_\_\_\_  
 Inspector (Signature)