

# 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	1	Date	5/17/21	
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	3:00	
Street Address		City/State		Permit Holder	Kelly Ratchunde			
889 E. Grand Avenue		Carbondale, IL		Purpose of Inspection	Routine			
ZIP Code		62901		Risk Category				II

## 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
<b>Supervision</b>			
1	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)			
<b>Employee Health</b>			
3	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O		
Hands clean and properly washed			
9	<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			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Food obtained from approved source			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out		
Food in good condition, safe, and unadulterated			
14	<input checked="" 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
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food-contact surfaces; cleaned and sanitized			
17	<input checked="" 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper cooking time and temperatures			
19	<input checked="" 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper cooling time and temperature			
21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper cold holding temperatures			
23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper date marking and disposition			
24	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
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

	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		
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		

	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: Subway Establishment #: 685  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Quat PPM: 200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in	40°	ham	38°		
Chicken thawing	49°	chicken	36°		
" " 2	56°	sliced tomato	36°		
Make line		Reach in	36°		
•Mannara	148°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
22/25	Provide proper cold holding temperatures @ 41°F or below for all TCS items. Upon inspection, Beef still frozen and 2 bags of chicken out @ RT @ 49 & 56°F. When thawing it must be done as part of the cooking process, under refrigeration, or under cold running water. Products discarded.	COS

CFPM Verification (name, expiration date, ID#):  
Kelly Rathunde  
14959605 exp 4/22  
 HACCP Topic: 2, 22, 16, 28

Kelly Rathunde \_\_\_\_\_ 5/17/21  
 Person in Charge (Signature) Date

Chyna Beasley \_\_\_\_\_  
 Inspector (Signature)

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