

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	9/22/21	
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	9:45	
Subway-West		783		Permit Holder	Heather White		Time Out	10:45
Street Address		City/State		Purpose of Inspection		Risk Category		
1201 W. Main Street		Carbondale, IL 62901		Routine		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	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, N/A, 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, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
	Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized		
Employee Health				Time/Temperature Control for Safety			
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, Out, N/A, 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, Out, N/A, N/O		
	Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In, Out, N/O			20	<input checked="" type="radio"/> In, Out, N/A, N/O		
	Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature		
7	<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		
	No discharge from eyes, nose, and mouth				Proper hot holding temperatures		
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			22	<input checked="" type="radio"/> In, Out, N/A, N/O		
	Hands clean and properly washed				Proper cold holding temperatures		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			23	<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 date marking and disposition		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
	Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records		
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			25	<input checked="" type="radio"/> In, Out, N/A		
	Food obtained from approved source				Consumer advisory provided for raw/undercooked food		
12	<input checked="" type="radio"/> In, Out, N/A, N/O			Conformance with Approved Procedures			
	Food received at proper temperature			26	<input checked="" type="radio"/> In, Out, 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			Food/Color Additives and Toxic Substances			
14	<input checked="" type="radio"/> In, Out, N/A, N/O			27	<input checked="" type="radio"/> In, Out, 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, N/A		
					Toxic substances properly identified, stored, and used		
				Conformance with Approved Procedures			
				29	<input checked="" type="radio"/> In, 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

		COS	R			COS	R
Safe Food and Water				Proper Use of Utensils			
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		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
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		
Food Identification				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			Employee Training			
Prevention of Food Contamination				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		
				56	Adequate ventilation and lighting; designated areas used		
				Employee Training			
				57	All food employees have food handler training		
				58	Allergen training as required		

Food Establishment Inspection Report

Establishment: Subway-West Establishment #: 783
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Quat PPM: 400 Heat: n/a

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
diced chicken	34°	Meat Cooler	34°		
rotisserie chicken	38°	topping/Sauce cooler	48°		
		-sliced tomato	41°		
Sliced tomato	46°				
↑ recently cut.					
Jalapeno	41°	Marinara	138°		
Walk in	37°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
<u>22</u>	Provide proper cold holding temperatures @ 41°F or less for all TC items in topping / Sauce cooler. Upon inspection, items moved from walk in to this cooler. Items in unit @ 41°F. Ambient air in unit at 48°F. All product removed from cooler & maintenance called. Call SCHO to verify unit working properly before restocking / utilizing unit.	<u>9/24/21</u>
<u>55/39</u>	Repair walk in refrigerator to no longer leak / drip water onto food products below. Upon inspection, water dripping in multiple areas from ceiling onto products below. Unknown water is considered contaminated. Products moved to different location where water is not dripping. Will verify repair @ time of next check.	<u>9/24/21</u>

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

Heather White
12/22 exp 2/4/5274

HACCP Topic: 22, 16

H White _____ 9/22/21 _____
 Person in Charge (Signature) Date

Paula Bradley _____ Follow-up: Yes No (Check one) Follow-up Date: 9/24/21
 Inspector (Signature)