

# 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	0	Date	10/21/2021
Establishment <b>Tequila's Mexican Restaurant</b>		License/Permit # <b>777</b>		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:30 AM
Street Address <b>100 N Glenview Dr</b>		City/State <b>Carbondale, IL</b>		Permit Holder <b>Miguel Ruiz</b>	Time Out		11:20 AM
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</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>				<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, 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		
<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, 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, <input type="radio"/> Out, N/A, 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, N/O			20	<input checked="" type="radio"/> In, <input type="radio"/> 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		
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			22	<input checked="" type="radio"/> In, <input type="radio"/> 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		
<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, N/A		
	Food obtained from approved source				Consumer advisory provided for raw/undercooked food		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			<b>Conformance with Approved Procedures</b>			
	Food received at proper temperature			26	<input checked="" type="radio"/> In, <input type="radio"/> 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			<b>Food/Color Additives and Toxic Substances</b>			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used		
<b>GOOD RETAIL PRACTICES</b>				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					Toxic substances properly identified, stored, and used		
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				<b>Proper Use of Utensils</b>			
<b>Safe Food and Water</b>		COS	R	<b>Utensils, Equipment and Vending</b>		COS	R
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>				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			<b>Physical Facilities</b>			
34	Plant food properly cooked for hot holding			50	Hot and cold water available; adequate pressure		
35	Approved thawing methods used			51	Plumbing installed; proper backflow devices		
36	Thermometers provided & accurate			52	Sewage and waste water properly disposed		
<b>Food Identification</b>				53	Toilet facilities: properly constructed, supplied, & cleaned		
37	Food properly labeled; original container			54	Garbage & refuse properly disposed; facilities maintained		
<b>Prevention of Food Contamination</b>				55	Physical facilities installed, maintained, and clean		
38	Insects, rodents, and animals not present			56	Adequate ventilation and lighting; designated areas used		
39	Contamination prevented during food preparation, storage and display			<b>Employee Training</b>			
40	<input checked="" type="radio"/> Personal cleanliness			57	All food employees have food handler training		
41	Wiping cloths: properly used and stored			58	Allergen training as required		
42	Washing fruits and vegetables						

# Food Establishment Inspection Report

Establishment: Tequila's Mexican Restaurant Establishment #: 777

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine (sani+dish) PPM: 100 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
make table AA	29°	Queso (hot hold)	148°		
◦ sliced tomatoes	40°				
◦ pico de gallo	29°	Steam table			
		◦ Refried Beans	152°		
Blue air 2-door	38°	◦ Rice	197°		
True 2-door	39°				
Blue air (Salsa) AA	39°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
40	Provide effective hair cover for all cooks in kitchen. (ballcap or hairnet)	NA
49	Clean all wire shelving in walk-in cooler. mildew build-up noted.	↓
49	Clean exterior top of dish machine. Food debris noted.	↓
55	Clean exhaust tubes on ceiling. Dust/grease build-up noted.	↓

CFPM Verification (name, expiration date, ID#):  
Miguel A. Ruiz #2041639 exp: 3/2024 others on file.

HACCP Topic: 2, 8, 9, 10, 20

Espirito Melchor 10/21/2021  
 Person in Charge (Signature) Date

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