

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 3	Date 10/15/24
Establishment Tom's Place		License/Permit # 305	No. of Repeat Risk Factor/Intervention Violations 0	Time In 6:45
Street Address 17107 R Hwy 51		City/State De Soto / IL	Permit Holder Lasse Sorensen	Time Out 6:30
City/State De Soto / IL		ZIP Code 62924	Purpose of Inspection Routine	Risk Category I

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							
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							
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			Time/Temperature Control for Safety			
Proper use of restriction and exclusion				18	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper cold holding temperatures			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Consumer Advisory			
Food obtained from approved source				25	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
12	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Consumer advisory provided for raw/undercooked food			
Food received at proper temperature				Highly Susceptible Populations			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			26	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered			
14	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Food/Color Additives and Toxic Substances			
Required records available: shellstock tags, parasite destruction				27	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Conformance with Approved Procedures							
				28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
				Toxic substances properly identified, stored, and used			
				29	<input checked="" type="radio"/> In <input type="radio"/> 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

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water							
30	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper Use of Utensils			
Pasteurized eggs used where required				43	<input checked="" type="radio"/> In <input type="radio"/> Out		
31	<input checked="" type="radio"/> In <input type="radio"/> Out			In-use utensils: properly stored			
Water and ice from approved source				44	<input checked="" type="radio"/> In <input type="radio"/> Out		
32	<input checked="" type="radio"/> In <input type="radio"/> Out			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food Temperature Control							
33	<input checked="" type="radio"/> In <input type="radio"/> Out			Single-use/single-service articles: properly stored and used			
Proper cooling methods used; adequate equipment for temperature control				46	<input checked="" type="radio"/> In <input type="radio"/> Out		
34	<input checked="" type="radio"/> In <input type="radio"/> Out			Gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35	<input checked="" type="radio"/> In <input type="radio"/> Out			47	<input checked="" type="radio"/> In <input type="radio"/> Out		
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36	<input checked="" type="radio"/> In <input type="radio"/> Out			48	<input checked="" type="radio"/> In <input type="radio"/> Out		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37	<input checked="" type="radio"/> In <input type="radio"/> Out			49	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
38	<input checked="" type="radio"/> In <input type="radio"/> Out			Physical Facilities			
Insects, rodents, and animals not present				50	<input checked="" type="radio"/> In <input type="radio"/> Out		
39	<input checked="" type="radio"/> In <input type="radio"/> Out			Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display				51	<input checked="" type="radio"/> In <input type="radio"/> Out		
40	<input checked="" type="radio"/> In <input type="radio"/> Out			Plumbing installed; proper backflow devices			
Personal cleanliness				52	<input checked="" type="radio"/> In <input type="radio"/> Out		
41	<input checked="" type="radio"/> In <input type="radio"/> Out			Sewage and waste water properly disposed			
Wiping cloths: properly used and stored				53	<input checked="" type="radio"/> In <input type="radio"/> Out		
42	<input checked="" type="radio"/> In <input type="radio"/> Out			Toilet facilities: properly constructed, supplied, & cleaned			
Washing fruits and vegetables				54	<input checked="" type="radio"/> In <input type="radio"/> Out		
				Garbage & refuse properly disposed; facilities maintained			
				55	<input checked="" type="radio"/> In <input type="radio"/> Out		
				Physical facilities installed, maintained, and clean			
				56	<input checked="" type="radio"/> In <input type="radio"/> Out		
				Adequate ventilation and lighting; designated areas used			
Employee Training							
57	<input checked="" type="radio"/> In <input type="radio"/> Out			Employee Training			
All food employees have food handler training				57	<input checked="" type="radio"/> In <input type="radio"/> Out		
58	<input checked="" type="radio"/> In <input type="radio"/> Out			Allergen training as required			

Food Establishment Inspection Report

Establishment: Tom's Place Establishment #: 305

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	39°F	Market Cooler	39°F		
Make Unit (South)	38°F				
Make Unit (North)	39°F				
Desert Make	55°F 40°F				
Salad Make	38°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

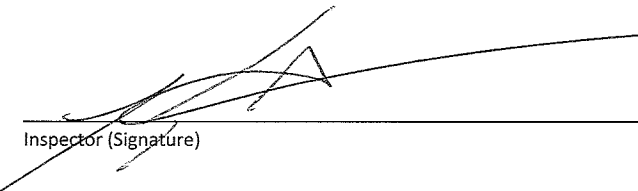
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
8	Provide proper hand washing procedure for all employees on line. You must wash hands when they become contaminated from touching hair/skin or raw product.	10/20/21
8	Refrain from using cloth towel to dry hands on in between tasks.	↓
22	Provide proper cold holding temp (41°F or less) for dessert cooler. Upon inspection unit @ 55°F + product temp @ 50°F. All out of temp product discarded.	
24	Provide proper 7-day discard labels for all items stored in market cooler.	

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

Blake Squibb
 15508447 k 8/22

HACCP Topic: 8, 16, 22, 10


 Person in Charge (Signature) Date: 10/15/21


 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 10/20