

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 5	Date 10/19/21
Establishment Wendy's		License/Permit # 1013	No. of Repeat Risk Factor/Intervention Violations 4	Time In 11:20
Street Address 412 W Walnut St		City/State Carbondale	Permit Holder Calvin Merry/Weather	Time Out 12:50
City/State Carbondale		ZIP Code 62901	Purpose of Inspection Routine	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
Supervision		
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)
Employee Health		
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
Good Hygienic Practices		
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
Preventing Contamination by Hands		
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
Approved Source		
11	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food obtained from approved source
12	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction

Compliance Status	COS	R
Protection from Contamination		
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
Time/Temperature Control for Safety		
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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O	Proper reheating procedures for hot holding
20	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" 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
Consumer Advisory		
25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A	Consumer advisory provided for raw/undercooked food
Highly Susceptible Populations		
26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered
Food/Color Additives and Toxic Substances		
27	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" 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
Conformance with Approved Procedures		
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
Safe Food and Water		
30	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Pasteurized eggs used where required
31	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Water and ice from approved source
32	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Variance obtained for specialized processing methods
Food Temperature Control		
33	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Proper cooling methods used; adequate equipment for temperature control
34	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Plant food properly cooked for hot holding
35	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Approved thawing methods used
36	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Thermometers provided & accurate
Food Identification		
37	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Food properly labeled; original container
Prevention of Food Contamination		
38	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Insects, rodents, and animals not present
39	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Contamination prevented during food preparation, storage and display
40	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Personal cleanliness
41	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Wiping cloths: properly used and stored
42	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Washing fruits and vegetables

Compliance Status	COS	R
Proper Use of Utensils		
43	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	In-use utensils: properly stored
44	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Utensils, equipment & linens: properly stored, dried, & handled
45	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Single-use/single-service articles: properly stored and used
46	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Gloves used properly
Utensils, Equipment and Vending		
47	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Warewashing facilities: installed, maintained, & used; test strips
49	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Non-food contact surfaces clean
Physical Facilities		
50	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Hot and cold water available; adequate pressure
51	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Plumbing installed; proper backflow devices
52	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Sewage and waste water properly disposed
53	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Toilet facilities: properly constructed, supplied, & cleaned
54	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Garbage & refuse properly disposed; facilities maintained
55	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Physical facilities installed, maintained, and clean
56	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Adequate ventilation and lighting; designated areas used
Employee Training		
57	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	All food employees have food handler training
58	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Allergen training as required

Food Establishment Inspection Report

Establishment: Wendy's

Establishment #: 1613

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	on field visits! You have been warned multiple times continuing to do this process incorrectly will result in suspension of your permit! Wendy's has procedures + processes for this exact issue!	Prior to Reopening
35	Provide proper thawing process for bacon jam. Upon inspection package of sanitizer compartment of 3-comp sink sitting in water @ 102. Product discarded. You must do this under refrigeration, under cool running water, or as part of a cooking process.	
49	Remove stagnant/contaminated water from pans in not in use side cold table. Dirty water w/ food debris noted.	
47	Remove/replace soiled boxes w/ bulk items in table adjacent to 3-comp sink. All boxes have water/food/grease spill/splash noted.	
49	Remove/excessive ice formation from upper portion of Turbo Air unit. This ice/water could be a potential source of contamination to food products below.	
55	Clean floor below fryer/grill area. Excessive grease/oil noted.	
47	Repair sides of flat top grill to properly direct grease/oil/food to drip pad instead down side + onto floor.	V
	<ul style="list-style-type: none"> • Note • Due to repeated foodborne illness risk factor + public intervention violations the food service for Wendy's has been suspended until further notice. You are to cease operation immediately. 	
	<p>You are requested to attend an informal hearing concerning this suspension and all violations noted during the inspection. You must submit in writing your intent to reopen to SCD. This must include a plan of action to correct all violations and what measures that will be put in place to prevent them in the future. This</p>	

Calvin Seaborn
Person in Charge (Signature)

10/19/21
Date

[Signature]
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: Prior to Reopening

