

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 <u>11/18/21</u>
Establishment <u>Waffle Bay Pizza</u>		License/Permit # <u>573</u>		No. of Repeat Risk Factor/Intervention Violations 0	Time In <u>1:30</u>
Street Address <u>2039 Walnut Street</u>		City/State <u>Murphysboro, IL</u>		Permit Holder <u>Jim Beiman</u>	Time Out <u>2:20</u>
City/State <u>Murphysboro, IL</u>		ZIP Code <u>62916</u>		Purpose of Inspection <u>Routine</u>	Risk Category <u>II</u>

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 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
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 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			
Consumer Advisory			
25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
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			
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	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
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		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, and animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	<input checked="" type="checkbox"/> Wiping cloths: properly used and stored		<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/> Washing fruits and vegetables		<input checked="" type="checkbox"/>

Compliance Status		COS	R
Proper Use of Utensils			
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		
Utensils, Equipment and Vending			
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	<input checked="" type="checkbox"/> Non-food contact surfaces clean		
Physical Facilities			
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	<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: Waffle Bay pizza Establishment #: 573

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	38°	- Sausage	34°	Salad table	
Sandwich table		- Bottom AA	40°	- tomato	39°
- Tomato	33°			- Bottom (AA)	37°
- chicken	36°	Dauce cooler	35°	- cheese	36°
- Bottom AA	39°	portion cup cooler	40°		
				prep table	33°
Pizza Make table		Cola Salad	39°		
- mushroom	39°			Hot Box Pizza	161°
- cheese	35°			Italian Beef	167°

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
41	Store rags in Sanitizer after use. Upon inspection, several rags noted throughout facility on surfaces that have been used, not stored in Sanitizer. Bacteria will grow on these if not stored in Sanitizer.	N/A
49	Clean vent/filter on pizza make table. Dust noted.	N/A
55	Clean pizza oven and vent filters. Food debris. Dust noted.	N/A
<u>Notes</u>		
* pizza oven scheduled for cleaning in December.		

CFPM Verification (name, expiration date, ID#):
Tim Reiman
#21534147 exp 12/23
 HACCP Topic:

Tim Reiman Person in Charge (Signature) 11/18/21 Date

[Signature] Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____