

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 4	Date 4/10/19
Establishment 17th St Bar + Grill		License/Permit # 343	No. of Repeat Risk Factor/Intervention Violations 0	Time In 1
Street Address 32 R 17th St		Permit Holder Ryan Harper	Risk Category I	Time Out
City/State Murphysboro		ZIP Code 62966	Purpose of Inspection Routine	

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 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 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			
Good Hygienic Practices				Consumer Advisory			
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 hot holding temperatures			
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 cold 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, <input type="radio"/> Out, N/A, N/O		
Hands clean and properly washed				Proper date marking and disposition			
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				Time as a Public Health Control; procedures & records			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Food/Color Additives and Toxic Substances			
Adequate handwashing sinks properly supplied and accessible				Conformance with Approved Procedures			
Approved Source				24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Compliance with variance/specialized process/HACCP			
Food obtained from approved source				GOOD RETAIL PRACTICES			
12	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Food received at proper temperature				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			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			Safe Food and Water			
Food in good condition, safe, and unadulterated				Proper Use of Utensils			
14	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O			43	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Required records available: shellstock tags, parasite destruction				In-use utensils: properly stored			
Prevention of Food Contamination				Utensils, Equipment and Vending			
38	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			44	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Insects, rodents, and animals not present				Utensils, equipment & linens: properly stored, dried, & handled			
39	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			45	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Contamination prevented during food preparation, storage and display				Single-use/single-service articles: properly stored and used			
40	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			46	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Personal cleanliness				Gloves used properly			
41	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Physical Facilities			
Wiping cloths: properly used and stored				47	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
42	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
Washing fruits and vegetables				48	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Employee Training				Warewashing facilities: installed, maintained, & used; test strips			
57	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			49	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
All food employees have food handler training				Non-food contact surfaces clean			
58	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Employee Training			
Allergen training as required				50	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Employee Training				Hot and cold water available; adequate pressure			
57	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			51	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Allergen training as required				Plumbing installed; proper backflow devices			
58	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			52	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Employee Training				Sewage and waste water properly disposed			
57	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			53	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
All food employees have food handler training				Toilet facilities: properly constructed, supplied, & cleaned			
58	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			54	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Allergen training as required				Garbage & refuse properly disposed; facilities maintained			
Employee Training				Employee Training			
57	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			55	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
All food employees have food handler training				Physical facilities installed, maintained, and clean			
58	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			56	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Allergen training as required				Adequate ventilation and lighting; designated areas used			

Food Establishment Inspection Report

Establishment: 17th St Banquet Room Establishment #: 343

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Walkin	37°F		Shoulder/Warming Unit	122°F			
Small Make Table	38°F						
Small Make Table	40°F						
2-Door Undercounter	39°F						
2-Door Undercounter	37°F						
Waitress Make Table	40°F						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
1	Provide knowledgeable person in charge of kitchen operations. Person should be knowledgeable in safe cooking temps, proper safe food reheating procedures, and safe sanitizer concentrations + proper way to test sanitizer concentrations.
19	Provide proper reheating procedure for all TCS product reheated from refrigeration. Product must be reheated to a minimum of 165°F.
21	Provide proper hot holding temp (135°F or higher) for all TCS product in warming unit in kitchen. Upon inspection shoulder @ 122°F.
23	Provide proper date mark labeling for all TCS cooked + cooled for reheating products through out facility. Several items w/ labels.
49	Clean shelving in walkin cooler.
49	Clean interior + exterior of dish machine in kitchen. Upon inspection excessive food debris/grease noted.

CFPM Verification (name, expiration date, ID#):
 Derek McCall (PIC) _____
 01642646 x 10/20 _____

HACCP Topic: 1, 19, 21, 23

Person in Charge (Signature): [Signature] Date: 4/10/19

Inspector (Signature): [Signature] Follow-up: Yes No (Check one) Follow-up Date: 4/17/19

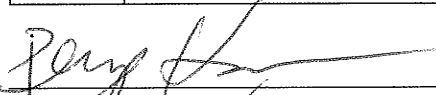
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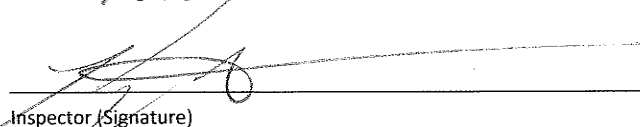
Establishment #: 343

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
49	Clean can opener in kitchen.	4/17/16
49	Clean all cooking equipment @ cook's line (grill, flattop, fryer, etc.). Excessive grease/food debris noted	4/17/16
49	Clean table below grill. Excessive food debris noted.	
49	Clean interior bottom of refrigerated units throughout facility. Food debris noted.	
49	Clean table + area around breading station.	
49	Clean + change container for sauces @ grill nightly. Food + sauce from previous night noted	
39	Relocated bug zapper @ kitchen. Currently above food related items.	
55	Clean floor throughout entire kitchen. Grease/food debris everywhere. Pay close attention to areas under + around equipment	
55	Clean walls in kitchen, paying close attention to areas by grill.	
55	Clean venthood in kitchen. Grease/oil noted.	✓
<p>*Note: • This facility must come up w/ a clean schedule + follow it. You need to have a person in charge who is responsible + knowledgeable!</p>		


 Person in Charge (Signature)

4/17/16
 Date


 Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: 4/17/16



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	17th St Bar + Grill
Orig. Inspection Date	4/10/19
Owner/Operator	Phillip Heern

Items below identify violations of the Jackson County Food Service Sanitation Ordinance and State Food Service Regulations that you were ordered to correct:

Item	Correction Date
* Corrected Violations:	
1, 19, 21, 23, 49, 49, 49, 49, 49, 49, 49, 49, 39, 55, 55, 55.	4/17/19
* Note:	
◦ New cleaning schedule + temp log in place. You must keep up on this daily!	
◦ Continue routine cleaning of dish machine.	

Date 4/17/19

Time 10:50

Received by [Signature]

Sanitarian [Signature]

NOTICE TO CORRECT VIOLATIONS

You are hereby ordered to correct the above noted violations of the Jackson County Food Service Ordinance by _____. Failure to correct the violations within the time allotted may result in suspension and removal of your food service permit. Continued operation of the food service establishment without the permit will result in issuance of a citation and may result in a fine of up to \$500. Each day upon which such violation occurs shall constitute a separate violation.

If the above violations are not corrected within time allotted, a mandatory hearing may be scheduled at the Jackson County Health Department.

Date Issued: _____

Owner/Operator: _____ Sanitarian: _____