

# 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 <input type="text" value="0"/>	Date <u>4/25/19</u>
Establishment <u>Arby's</u>		License/Permit # <u>0016</u>	No. of Repeat Risk Factor/Intervention Violations <input type="text" value="0"/>	Time In <u>11:20</u>
Street Address <u>1384 East Main Street</u>		Permit Holder <u>Arby's Food Group</u>	Risk Category <u>II</u>	
City/State <u>Carbondale, ILLINOIS</u>		ZIP Code <u>62901</u>	Purpose of Inspection <u>Routine</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	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> In, <input type="radio"/> Out			15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> N/A			16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</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			<b>Time/Temperature Control for Safety</b>			
Proper use of restriction and exclusion				18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> N/O		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> N/O		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> N/O		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Time as a Public Health Control; procedures & records			
Food obtained from approved source				<b>Consumer Advisory</b>			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food received at proper temperature				Consumer advisory provided for raw/undercooked food			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			<b>Highly Susceptible Populations</b>			
Food in good condition, safe, and unadulterated				26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered			
Required records available: shellstock tags, parasite destruction				<b>Food/Color Additives and Toxic Substances</b>			
<b>GOOD RETAIL PRACTICES</b>							
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
<b>Safe Food and Water</b>							
30	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			<b>Proper Use of Utensils</b>			
Pasteurized eggs used where required				43	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
31	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			In-use utensils: properly stored			
Water and ice from approved source				44	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
32	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
<b>Food Temperature Control</b>							
33	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Single-use/single-service articles: properly stored and used			
Proper cooling methods used; adequate equipment for temperature control				46	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
34	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Gloves used properly			
Plant food properly cooked for hot holding				<b>Utensils, Equipment and Vending</b>			
35	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			47	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			48	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
<b>Food Identification</b>							
49	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Non-food contact surfaces clean			
Food properly labeled; original container				<b>Physical Facilities</b>			
<b>Prevention of Food Contamination</b>							
50	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Hot and cold water available; adequate pressure			
Insects, rodents, and animals not present				51	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
39	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Plumbing installed; proper backflow devices			
Contamination prevented during food preparation, storage and display				52	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
40	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Sewage and waste water properly disposed			
Personal cleanliness				53	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
41	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned			
Wiping cloths: properly used and stored				54	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
42	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			Garbage & refuse properly disposed; facilities maintained			
Washing fruits and vegetables				55	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
<b>Employee Training</b>							
57	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O			All food employees have food handler training			
				58	<input type="checkbox"/> In, <input type="checkbox"/> Out, <input type="checkbox"/> N/A, <input type="checkbox"/> N/O		
				Allergen training as required			

# Food Establishment Inspection Report

Establishment: Arby's Establishment #: 0016

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
Traulsen 2 Door Make Table	35.5°	Front Counter Area		Auto Steam Warmer	173°
SL. Ham	32.8°	2 Drawer Fridge	40.3°	Roast Beef	168°
SL. Beef Bristol	38.7°	1 Door Fridge	37.7°		
SL. Beef	38.8°			Traulsen 2 Door Freezer	-3.5°
Corned Beef	36.9°	Soft Serve Machine	34.0°		
Sliced Tomatoes	40.4°				
2 Drawer Hot Hold		Walk-In Cooler	33.6°		
Chicken Strips	145.1°	Walk-In Freezer	+3°		
FISH	172°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	<b>NO Violations</b>

CFPM Verification (name, expiration date, ID#):  
Ryan Essler (3 others on file)  
# 11023822  
exp. 5/14/19

HACCP Topic: # 8

*[Signature]* Person in Charge (Signature)      4/25/19 Date

*[Signature]* Inspector (Signature)      Follow-up:  Yes  No (Check one)      Follow-up Date: \_\_\_\_\_