

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	1	Date	2/20/19
Establishment Blend Tea + Crepe Lounge		License/Permit # 873	No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:45
Street Address 719 S IL Ave		City/State Carbondale	Permit Holder Ming Wei Huang	Risk Category II	Time Out	11:45
City/State Carbondale		ZIP Code 62901	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							
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		
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		
Employee Health							
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
4	<input checked="" type="radio"/> In, <input type="radio"/> Out			Time/Temperature Control for Safety			
5	<input checked="" type="radio"/> In, <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			19	<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			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			21	<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			22	<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			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Approved Source							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Consumer Advisory			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			25	<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			Highly Susceptible Populations			
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	Pasteurized eggs used where required			Proper Use of Utensils			
31	Water and ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			Utensils, Equipment and Vending			
36	Thermometers provided & accurate			47	<input checked="" type="radio"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
Food Identification							
37	Food properly labeled; original container			48	<input checked="" type="radio"/> Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination							
38	Insects, rodents, and animals not present			49	<input checked="" type="radio"/> Non-food contact surfaces clean		
39	Contamination prevented during food preparation, storage and display			Physical Facilities			
40	Personal cleanliness			50	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored			51	Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables			52	<input checked="" type="radio"/> Sewage and waste water properly disposed		
Employee Training							
53	<input checked="" type="radio"/> Toilet facilities: properly constructed, supplied, & cleaned			54	<input checked="" type="radio"/> Garbage & refuse properly disposed; facilities maintained		
54	<input checked="" type="radio"/> Garbage & refuse properly disposed; facilities maintained			55	<input checked="" type="radio"/> Physical facilities installed, maintained, and clean		
55	<input checked="" type="radio"/> Physical facilities installed, maintained, and clean			56	Adequate ventilation and lighting; designated areas used		
56	Adequate ventilation and lighting; designated areas used			Employee Training			
57	All food employees have food handler training			57	All food employees have food handler training		
58	Allergen training as required			58	Allergen training as required		

Food Establishment Inspection Report

Establishment: Blend Tea + Crepe Lounge Establishment #: 873
 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	
Energy Star #1	39°F				
Energy Star #2	39°F				
Arantco	38°F				
Maketable	40°F				

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	
23	Provide proper date mark labeling for all TCS/PHF prepackaged ready to eat product that's been opened, throughout kitchen. Product must be labeled w/ the date it's opened + 7 day discard date. All deli meats w/o labeling in facility.	COS
47	Repair/replace gasket on energy star refrigeration unit, with deli meats, in kitchen. Gasket torn in several areas.	PRI
49	Clean interior of microwave in kitchen, paying close attention to top. Food splash noted.	↓
55	Repair/replace flooring throughout facility kitchen + rear storage area. Floor in desperate need of repair.	↓
53	Repair toilet to flush in men's public restroom. Currently unit does not flush at all.	2/2/19
55	Clean wall behind ice machine in kitchen.	↓

CFPM Verification (name, expiration date, ID#):
Ming Wei Huang (PIC)
15711628 x 10/22
 HACCP Topic: 23, 22,

[Signature] _____ Date: 2/20/19

Person in Charge (Signature) _____
 Inspector (Signature) [Signature] _____
 Follow-up: Yes No (Check one) Follow-up Date: 2/21/19



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Blend Tea + Crepe lounge
Orig. Inspection Date	2/20/19
Owner/Operator	Ming Wei Huang

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:	
	53	3/4/19
	*Note: (v.s.)	
	o Toilet in w men's public restroom functioning @ time of inspection.	

Date 3/4/19

Time 3:10

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: _____