

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>1/7/19</u>
Establishment <u>Burger King East</u> License/Permit # <u>0040</u>		No. of Repeat Risk Factor/Intervention Violations 0	Time In <u>1:45</u>
Street Address <u>1395 East Main Street</u>		Permit Holder <u>Burger King</u>	Time Out
City/State <u>Carbondale, Illinois</u> ZIP Code <u>62901</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	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		
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			
Employee Health							
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			Time/Temperature Control for Safety			
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		
Good Hygienic Practices							
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		
Preventing Contamination by Hands							
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		
Approved Source							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Time as a Public Health Control; procedures & records			
Food obtained from approved source				Consumer Advisory			
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			Highly Susceptible Populations			
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				Food/Color Additives and Toxic Substances			
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	Compliance Status		COS	R
Safe Food and Water							
30	<input type="checkbox"/> In, <input type="checkbox"/> Out			Proper Use of Utensils			
Pasteurized eggs used where required				43	<input type="checkbox"/> In, <input type="checkbox"/> Out		
31	<input type="checkbox"/> In, <input type="checkbox"/> Out			In-use utensils: properly stored			
Water and ice from approved source				44	<input type="checkbox"/> In, <input type="checkbox"/> Out		
32	<input type="checkbox"/> In, <input type="checkbox"/> Out			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Food Temperature Control							
33	<input type="checkbox"/> In, <input type="checkbox"/> Out			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		
34	<input type="checkbox"/> In, <input type="checkbox"/> Out			Gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35	<input type="checkbox"/> In, <input type="checkbox"/> Out			47	<input type="checkbox"/> In, <input type="checkbox"/> Out		
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			48	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37	<input type="checkbox"/> In, <input type="checkbox"/> Out			49	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
Physical Facilities							
38	<input checked="" type="checkbox"/> In, <input type="checkbox"/> Out			50	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure			
39	<input type="checkbox"/> In, <input type="checkbox"/> Out			51	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Contamination prevented during food preparation, storage and display				Plumbing installed; proper backflow devices			
40	<input type="checkbox"/> In, <input type="checkbox"/> Out			52	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Personal cleanliness				Sewage and waste water properly disposed			
41	<input type="checkbox"/> In, <input type="checkbox"/> Out			53	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, & cleaned			
42	<input type="checkbox"/> In, <input type="checkbox"/> Out			54	<input type="checkbox"/> In, <input type="checkbox"/> Out		
Washing fruits and vegetables				Garbage & refuse properly disposed; facilities maintained			
Employee Training							
57	<input type="checkbox"/> In, <input type="checkbox"/> Out			All food employees have food handler training			
58	<input type="checkbox"/> In, <input type="checkbox"/> Out			Allergen training as required			

Food Establishment Inspection Report

Establishment: Burger King - East Establishment #: 0040

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 7200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>HOT HOLDING</u>		<u>Walk-In Cooler</u>	<u>40.3°F</u>		
<u>FISH Patty</u>	<u>138°F</u>	<u>Walk-In Freezer</u>	<u>-3°F</u>		
<u>FISH Square</u>	<u>148°F</u>	<u>1 Door Fridge</u>	<u>31.1°F</u>		
<u>Chicken Patty</u>	<u>141°F</u>				
<u>Chicken Nugget</u>	<u>143°F</u>				
<u>Burger Patty</u>	<u>137°F</u>				
<u>1/2# Burger Patty</u>	<u>156°F</u>				
<u>1 Door Freezer ^{near} Fryer</u>	<u>11°F</u>				
<u>True 1 Door Fridge</u>	<u>39.8°F</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
<u>#55</u>	<u>Clean floor to wall under deep fryers. Grease. Correct by NRI.</u>
<u>#55</u>	<u>Clean floor to wall under front counter area. Grease. Correct by NRI</u>
<u>#38</u>	<u>Keep back door to restaurant closed to prevent the entrance of insects rodents. COS.</u>

CFPM Verification (name, expiration date, ID#):

<u>Terry Hill</u> #13667533 exp 6/1/21	<u>Samantha Hamman</u> #1443982 exp. 12/2/21	<u>Samantha Cook</u> #15354259 exp. 7/24/22	<u>Keogh Paulson</u> #16251565 exp. 3/31/23
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HACCP Topic: _____

Person in Charge (Signature): [Signature] Date: 1/17/19

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