

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 4/29/19
Establishment Burger King - West	License/Permit # 39	No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:10am
Street Address 901 W. Main St.		Permit Holder Christina Dakhouf	Time Out 11:40am
City/State Carbondale, IL	ZIP Code 62901	Purpose of Inspection Routine	Risk Category II

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 <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		<input checked="" type="checkbox"/>
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 checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A <input type="radio"/> 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 <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		
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures			
7	<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		
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 <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		
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<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				Proper date marking and disposition			
10	<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		
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records			
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food received at proper temperature				Food additives: approved and properly used			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Toxic substances properly identified, stored, and used			
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Conformance with Approved Procedures			
Required records available: shellstock tags, parasite destruction				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				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			47	<input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	<input checked="" type="checkbox"/> Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used and stored			55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>
42	Washing fruits and vegetables			56	Adequate ventilation and lighting; designated areas used		
Employee Training				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: Burger King- West Establishment #: 39

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
Walk-in cooler	34.1°F	<u>Hot Hold Items</u>	
Beverage Air (Drivethru)		° Burger patty	140.5°
° upper door	25.9°	° mini burger patty	158.3°
° lower drawer	40.1°	° Chicken nuggets	135.2°
Hashizaki 2-door freezer	-2.1°	° Spicy chicken patty	147.9°

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
16	Provide proper contact time for sanitization in 3-compartment sink. Pans dipped in sanitizer for 2-3 seconds and pulled out. Pans must be immersed for 60 seconds and air dried.	COS
16	Clean Blodgett under the counter oven. Excessive burned food debris build-up noted.	5/1/19
47	Refrain from using cardboard on floor under deep fryer. Cardboard is not an approved non-absorbant/easily cleanable surface required by the Illinois food code.	5/1/19
49	Clean the wire shelf and electrical lines under the burger broiler. Excessive grease build-up noted.	NRI
49	Clean under the PHL warmer (burger hot hold) and microwaves on that shelf. Food debris noted.	↓
55	Clean floors throughout entire kitchen area paying close attention to floor/wall joint area and under shelving and equipment. Food debris noted.	↓

CFPM Verification (name, expiration date, ID#):
 Christina Dakhoul cert# 12282143 exp: 4/20 3 others on file.
 HACCP Topic: 8, 21, 22

[Signature] Person in Charge (Signature) 4/29/19 Date

[Signature] Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 5/1/19



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Burger King-West
Orig. Inspection Date	4/29/19
Owner/Operator	Christina Dakhouf

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
Extended Re-inspection date until Friday, May 10 th , 2019.	
Corrected Violations: 16, 47	5/10/19

Date 5/10/19

Time 10:30 AM

Received by Donna H.

Sanitarian Bethany Johnson

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: _____