

# 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 <b>2</b>	Date <b>1/14/19</b>
Establishment <b>China Wok</b>		License/Permit # <b>1093</b>		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>2:00</b>
Street Address <b>883 E Grand Ave</b>		City/State <b>Carbondale</b>		Permit Holder <b>Yan Qin Zhu</b>	Time Out <b>2:55</b>
ZIP Code <b>62901</b>		Purpose of Inspection <b>Routine</b>		Risk Category <b>I</b>	

## 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	In, Out			15	In, Out, N/A, N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	In, Out, N/A			16	In, Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>							
3	In, Out			17	In, Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In, Out			<b>Time/Temperature Control for Safety</b>			
Proper use of restriction and exclusion				18	In, Out, N/A, N/O		
5	In, Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	In, Out, N/A, N/O		
<b>Good Hygienic Practices</b>				Proper reheating procedures for hot holding			
6	In, Out, N/O			20	In, Out, N/A, N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	In, Out, N/O			21	In, Out, N/A, N/O		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
<b>Preventing Contamination by Hands</b>				22	In, Out, N/A, N/O		
8	In, Out, N/O			Proper cold holding temperatures			
Hands clean and properly washed				23	In, Out, N/A, N/O		
9	In, Out, N/A, N/O			Proper date marking and disposition			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				24	In, Out, N/A, N/O		
10	In, Out			Time as a Public Health Control; procedures & records			
Adequate handwashing sinks properly supplied and accessible				<b>Consumer Advisory</b>			
<b>Approved Source</b>							
11	In, Out			25	In, Out, N/A		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	In, Out, N/A, N/O			<b>Highly Susceptible Populations</b>			
Food received at proper temperature				26	In, Out, N/A		
13	In, Out			Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				<b>Food/Color Additives and Toxic Substances</b>			
14	In, Out, N/A, N/O			27	In, Out, N/A		
Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used			
<b>GOOD RETAIL PRACTICES</b>				28	In, Out, N/A		
Food obtained from approved source				Toxic substances properly identified, stored, and used			
Food received at proper temperature				<b>Conformance with Approved Procedures</b>			
Food in good condition, safe, and unadulterated				29	In, Out, N/A		
Required records available: shellstock tags, parasite destruction				Compliance with variance/specialized process/HACCP			

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	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>			
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		
<b>Food Temperature Control</b>				45	Single-use/single-service articles: properly stored and used		
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			<b>Utensils, Equipment and Vending</b>			
35	Approved thawing methods used			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
<b>Food Identification</b>				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			<b>Physical Facilities</b>			
<b>Prevention of Food Contamination</b>				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	Physical facilities installed, maintained, and clean		
<b>Employee Training</b>				56	Adequate ventilation and lighting; designated areas used		
57	All food employees have food handler training			<b>Employee Training</b>			
58	Allergen training as required			57	All food employees have food handler training		
				58	Allergen training as required		

# Food Establishment Inspection Report

Establishment: China Wok Establishment #: 1093  
 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 Cooler	40°F		Shrimp	61°F			
Make table	39°F		Soup	145°F			
1-Door refrigerator	38°F		Rice	140°F			
			Chicken (holding)	180°F			

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
38	Provide adequate pest control measures to eliminate the presence of insects (roaches) in facility. Upon inspection live roaches present below wok line.
22	Provide proper cold holding temp (41°F or less) for any TCS/PHF product (shrimp @ room temp) in facility. Upon inspection shrimp sitting @ room temp @ 61°F. This facility has had chronic issues w/ food being out of temp + can not have these issues return.
39	Provide adequate covers (lids, foil, etc.) for food in walkin freezer. Upon inspection several food items exposed w/o any type of food covering.
49	Clean all catch pans of wok nightly. Food debris noted.
55	Clean floor below + behind fryers. Grease/Food noted.
49	Clean interior top of make table. Food debris noted.
1	Instruct PIC on proper procedures for hot + cold holding throughout facility.

CFPM Verification (name, expiration date, ID#):  
Yan Qin Zhu  
01632015 x 2/19  
 HACCP Topic: 22/8/24

Person in Charge (Signature): [Signature] Date: 1/14/19

Inspector (Signature): [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: 1/15/19





JACKSON COUNTY HEALTH DEPARTMENT  
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	China Wok
Orig. Inspection Date	1/14/19
Owner/Operator	Yuan Qin Zhu

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:	
38, 22, 39, 49, 55, 49, 1	1/15/19
*Note:	
• No signs of live insects at time of inspection. Another treatment is scheduled for Saturday. Continue to monitor, even though you are on a monthly pest control schedule.	
Your Food service permit is being reinstated. You can open for business.	

Date 1/15/19

Time 10:30

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: \_\_\_\_\_