

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 3/15/19
Establishment Cool Spoons Frozen Yog.		License/Permit # 888		No. of Repeat Risk Factor/Intervention Violations 0	Time In 1:20pm
Street Address 695 N Giant City Rd		Permit Holder Jill Johnson		Risk Category II	
City/State Carbondale, IL		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	Person in charge present, demonstrates knowledge, and performs duties				15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	Certified Food Protection Manager (CFPM)				16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A	Food-contact surfaces; cleaned and sanitized		
Employee Health										
3	<input checked="" type="radio"/> In <input type="radio"/> Out	Management, food employee and conditional employee; knowledge, responsibilities and reporting				17	<input checked="" type="radio"/> In <input type="radio"/> Out	Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> In <input type="radio"/> Out	Proper use of restriction and exclusion				Time/Temperature Control for Safety				
5	<input checked="" type="radio"/> In <input type="radio"/> Out	Procedures for responding to vomiting and diarrheal events				18	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper cooking time and temperatures		
Good Hygienic Practices										
6	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use				19	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper reheating procedures for hot holding		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O	No discharge from eyes, nose, and mouth				20	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper cooling time and temperature		
Preventing Contamination by Hands										
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O	Hands clean and properly washed				21	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper hot holding temperatures		
9	<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				22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O	Proper cold holding temperatures		
10	<input checked="" type="radio"/> In <input type="radio"/> Out	Adequate handwashing sinks properly supplied and accessible				23	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Proper date marking and disposition		
Approved Source										
11	<input checked="" type="radio"/> In <input type="radio"/> Out	Food obtained from approved source				24	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Time as a Public Health Control; procedures & records		
12	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Food received at proper temperature				Consumer Advisory				
13	<input checked="" type="radio"/> In <input type="radio"/> Out	Food in good condition, safe, and unadulterated				25	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A	Consumer advisory provided for raw/undercooked food		
14	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction				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										
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		Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
Food Identification										
37		Food properly labeled; original container				48		Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination										
38		Insects, rodents, and animals not present				49		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		Sewage and waste water properly disposed		
Employee Training										
57		All food employees have food handler training				53		Toilet facilities: properly constructed, supplied, & cleaned		
58		Allergen training as required				54		Garbage & refuse properly disposed; facilities maintained		
						55		Physical facilities installed, maintained, and clean		
						56		Adequate ventilation and lighting; designated areas used		

Food Establishment Inspection Report

Establishment: Cool Spoons Frozen Yogurt + Treats Establishment #: 888

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	35.3°		
True Freezer	10.8°		
True Refrigerator	33.1°		
Tramontina mini fridge	38.0°		
Make Table			
• cool whip	38.7		
• diced kiwi	40.8		
• Cheese cake pieces	38.9		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number: _____ Violations cited in this report must be corrected within the time frames below.

No new violations

Notes

* Be sure to have a Certified Food Protection Manager present during all hours of operation. May need a second manager on days Jill cannot make it in. This is a new requirement of the Food code that went into effect January 1, 2019 for all Category II facilities.

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

Jill Johnson
cert # 21550455 exp: 2/24

HACCP Topic: 8, 22

Paige Wall _____ 3/15/19
Person in Charge (Signature) Date

Buttman Jones / Stephen E. Williams _____
Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____