

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 4/11/19
Establishment Cristaudo's		License/Permit # 80A	No. of Repeat Risk Factor/Intervention Violations 0	Time In 1:00 pm
Street Address 207/209 S. Illinois Ave			Permit Holder Rachael Cristaudo	Time Out 2:00 pm
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							
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Person in charge present, demonstrates knowledge, and performs duties				Protection from Contamination			
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)				Food separated and protected			
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				Food-contact surfaces; cleaned and sanitized			
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, N/A, 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, N/A, 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, N/A, N/O		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, 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, N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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, N/A, 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			Consumer Advisory			
Food obtained from approved source				25	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input type="radio"/> N/O			Consumer advisory provided for raw/undercooked food			
Food received at proper temperature				Highly Susceptible Populations			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Food/Color Additives and Toxic Substances			
Required records available: shellstock tags, parasite destruction				27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
				Food additives: approved and properly used			
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	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	<input checked="" type="checkbox"/> 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		
Conformance with Approved Procedures							
29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		
Compliance with variance/specialized process/HACCP				56	Adequate ventilation and lighting; designated areas used		

Food Establishment Inspection Report

Establishment: Cristaudo's Establishment #: 864

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 50



TEMPERATURE OBSERVATIONS							
Item/Location		Temp	Item/Location		Temp	Item/Location	
"Bert" cooler		41°	Cookie corder		34.8°		
Make table (grill area)							
• pot salad		40.8°					
• below (AA)		41°					
2-door drink cooler		36.3°					
Waitress make table							
• upper (AA)		33.7°					
• below (AA)		30.1°					
Display case (pastry) (AA)		31.7°					

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
49	Clean the front and sides of flat top grill. Grease + grime build-up noted	NR 1
49	Clean the outside and top of dish machine. Calcium build up and dust/food debris noted.	
55	Clean floor to wall under the 3-compartment sink and dish machine. Dust and grime build-up noted.	
55	Clean floors below and behind all equipment in center cookline area (stove, flat top, oven, etc.). Food debris and dust/dirt noted.	
	Notes	
	* Make sure to use test strips for chlorine throughout facility to verify sanitation (Bmy) sanitizer concentration in sinks and sanitizer buckets.	
	* Replace lid on bulk confection sugar container to ensure proper closure (large crack present)	

CFPM Verification (name, expiration date, ID#):
Leah Maciell
 cert# 01644598
 exp: 6/2019
 HACCP Topic: 8, 21, 22 (Bmy)

Person in Charge (Signature) [Signature] Date 4/11/19

Inspector (Signature) Bryan J. Jones / Apton E. Williams Follow-up: Yes No (Check one) Follow-up Date: _____