

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 2/21/19
Establishment The Cupboard	License/Permit # 78	No. of Repeat Risk Factor/Intervention Violations 0	Time In 12:15pm
Street Address 110 Cherry LN		Permit Holder Carl Lampe	Time Out 1:15pm
City/State Campbell Hill, IL	ZIP Code	Risk Category II	
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					Protection from Contamination				
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					Time/Temperature Control for Safety				
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			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Proper cooking time and temperatures		
5	<input checked="" type="radio"/> In, <input type="radio"/> Out	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	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	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	Proper cooling time and temperature		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O	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	Proper hot holding temperatures		
Preventing Contamination by Hands					Highly Susceptible Populations				
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O	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	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	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Food/Color Additives and Toxic Substances				
10	<input checked="" type="radio"/> In, <input type="radio"/> Out	Adequate handwashing sinks properly supplied and accessible			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Food additives: approved and properly used		
Approved Source					Conformance with Approved Procedures				
11	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food obtained from approved source			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Toxic substances properly identified, stored, and used		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Food received at proper temperature			Compliance with variance/specialized process/HACCP				
13	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food in good condition, safe, and unadulterated			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A	Compliance with variance/specialized process/HACCP		
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction			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	<input checked="" type="radio"/> In, <input type="radio"/> Out	Pasteurized eggs used where required			43	<input checked="" type="radio"/> In, <input type="radio"/> Out	In-use utensils: properly stored		
31	<input checked="" type="radio"/> In, <input type="radio"/> Out	Water and ice from approved source			44	<input checked="" type="radio"/> In, <input type="radio"/> Out	Utensils, equipment & linens: properly stored, dried, & handled		
32	<input checked="" type="radio"/> In, <input type="radio"/> Out	Variance obtained for specialized processing methods			45	<input checked="" type="radio"/> In, <input type="radio"/> Out	Single-use/single-service articles: properly stored and used		
Food Temperature Control					Utensils, Equipment and Vending				
33	<input checked="" type="radio"/> In, <input type="radio"/> Out	Proper cooling methods used; adequate equipment for temperature control			46	<input checked="" type="radio"/> In, <input type="radio"/> Out	Gloves used properly		
34	<input checked="" type="radio"/> In, <input type="radio"/> Out	Plant food properly cooked for hot holding			Physical Facilities				
35	<input checked="" type="radio"/> In, <input type="radio"/> Out	Approved thawing methods used			47	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food and non-food contact surfaces cleanable, properly designed, constructed and used		
36	<input checked="" type="radio"/> In, <input type="radio"/> Out	Thermometers provided & accurate			48	<input checked="" type="radio"/> In, <input type="radio"/> Out	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification					Employee Training				
37	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food properly labeled; original container			49	<input checked="" type="radio"/> In, <input type="radio"/> Out	Non-food contact surfaces clean		
Prevention of Food Contamination					50	<input checked="" type="radio"/> In, <input type="radio"/> Out	Hot and cold water available; adequate pressure		
38	<input checked="" type="radio"/> In, <input type="radio"/> Out	Insects, rodents, and animals not present			51	<input checked="" type="radio"/> In, <input type="radio"/> Out	Plumbing installed; proper backflow devices		
39	<input checked="" type="radio"/> In, <input type="radio"/> Out	Contamination prevented during food preparation, storage and display			52	<input checked="" type="radio"/> In, <input type="radio"/> Out	Sewage and waste water properly disposed		
40	<input checked="" type="radio"/> In, <input type="radio"/> Out	Personal cleanliness			53	<input checked="" type="radio"/> In, <input type="radio"/> Out	Toilet facilities: properly constructed, supplied, & cleaned		
41	<input checked="" type="radio"/> In, <input type="radio"/> Out	Wiping cloths: properly used and stored			54	<input checked="" type="radio"/> In, <input type="radio"/> Out	Garbage & refuse properly disposed; facilities maintained		
42	<input checked="" type="radio"/> In, <input type="radio"/> Out	Washing fruits and vegetables			55	<input checked="" type="radio"/> In, <input type="radio"/> Out	Physical facilities installed, maintained, and clean		
					56	<input checked="" type="radio"/> In, <input type="radio"/> Out	Adequate ventilation and lighting; designated areas used		
					Employee Training				
					57	<input checked="" type="radio"/> In, <input type="radio"/> Out	All food employees have food handler training		
					58	<input checked="" type="radio"/> In, <input type="radio"/> Out	Allergen training as required		

Food Establishment Inspection Report

Establishment: The Cupboard Establishment #: 78
 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	
Make Table			Pizza hot hold	160°F	
• beef	38.6°F				
• Undercounter cooler	40.5°F				
Walkin cooler	37.8°F				
Delicase	33.9°F				
Sausage cooler (standing)	40.6°F				
Sandwich cooler (standing)	40.4°F				

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	
47	Refrain from using cardboard to catch spills and splashes throughout the facility. Upon inspection cardboard was observed on the floor under soda boxes for fountain soda and under the hand sink in backroom.	NRI ↓
49	Clean nozzles of the cappuccino machine. Upon inspection coffee residue noted.	
	<u>Note</u>	
	* Doors on cabinet under the soda fountain need to be repaired/ repaired. Plan of action to repair needs to be formed by next inspection.	

CFPM Verification (name, expiration date, ID#):
Carl Lampe (PIC)
01085021 x 2/21

HACCP Topic: 22,16

Carl Lampe _____ Date: 2/21/19
 Person in Charge (Signature)

Buttman Jones _____
 Inspector (Signature)

Follow-up: Yes No (Check one) Follow-up Date: NRI