

# 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 <input type="radio"/>	Date <u>5/13/19</u>
Establishment <u>Fazoli's</u>	License/Permit # <u>6617</u>			No. of Repeat Risk Factor/Intervention Violations <input type="radio"/>	Time In <u>2:30 pm</u>
Street Address <u>1120 East Main St.</u>				Permit Holder <u>Fazoli's</u>	Time Out <u>3:30 pm</u>
City/State <u>Carbondale, IL</u>	ZIP Code <u>62901</u>			Risk Category <u>I</u>	
Purpose of Inspection <u>Routine</u>					

## 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	<input checked="" type="radio"/> In <input type="radio"/> Out			Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			Certified Food Protection Manager (CFPM)			
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Hands clean and properly washed			
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Food obtained from approved source			
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			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			Food in good condition, safe, and unadulterated			
14	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Food separated and protected			
16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			Food-contact surfaces; cleaned and sanitized			
17	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
<b>Time/Temperature Control for Safety</b>							
18	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper cooking time and temperatures			
19	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper cooling time and temperature			
21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper hot holding temperatures			
22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper cold holding temperatures			
23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper date marking and disposition			
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			
<b>Consumer Advisory</b>							
25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>							
26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>							
27	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Food additives: approved and properly used			
28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			Toxic substances properly identified, stored, and used			
<b>Conformance with Approved Procedures</b>							
29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" 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
<b>Safe Food and Water</b>							
30				Pasteurized eggs used where required			
31				Water and ice from approved source			
32				Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>							
33				Proper cooling methods used; adequate equipment for temperature control			
34				Plant food properly cooked for hot holding			
35				Approved thawing methods used			
36				Thermometers provided & accurate			
<b>Food Identification</b>							
37				Food properly labeled; original container			
<b>Prevention of Food Contamination</b>							
38				Insects, rodents, and animals not present			
39	<input checked="" type="checkbox"/>			Contamination prevented during food preparation, storage and display			
40				Personal cleanliness			
41				Wiping cloths: properly used and stored			
42				Washing fruits and vegetables			
<b>Proper Use of Utensils</b>							
43				In-use utensils: properly stored			
44				Utensils, equipment & linens: properly stored, dried, & handled			
45				Single-use/single-service articles: properly stored and used			
46				Gloves used properly			
<b>Utensils, Equipment and Vending</b>							
47				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48				Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="checkbox"/>			Non-food contact surfaces clean			
<b>Physical Facilities</b>							
50				Hot and cold water available; adequate pressure			
51				Plumbing installed; proper backflow devices			
52				Sewage and waste water properly disposed			
53				Toilet facilities: properly constructed, supplied, & cleaned			
54				Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="checkbox"/>			Physical facilities installed, maintained, and clean			<input checked="" type="checkbox"/>
56				Adequate ventilation and lighting; designated areas used			
<b>Employee Training</b>							
57				All food employees have food handler training			
58				Allergen training as required			

# Food Establishment Inspection Report

Establishment: Fazdi's Establishment #: 6667  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Bleach PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
1-door Salad make table	40.4°	pasta make table	40.8°	Hot Table	
° sliced tomatoes	39.4°	° tortellini	40.4°	° diced chicken	189.4°
2-door salad fridge	38.9°	° spaghetti	40.6°	° Chicken chunks	190.4°
Beverage Air 1-door	36.5°	Beverage air	18.0°F	° Red sauce	164.5°
Beverage Air 1-door (front counter)	38.4°	Walk-IN cooler	33.9°	° Pasta sauce/w meat	179.1°
Large make table	36.9°	° spaghetti	39.2°		
° diced tomatoes	23.5°	° Fetticini	40.3°	Beverage air Drive thru	32.2°
° beef chunks	39.5°	° penne	37.3°	2-door Delfield	39.7°
° Bacon bits	38.4°	2-door beverage air	39.2		

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
39	Provide proper covers for all TCS foods being stored in 2-door Delfield refrigerator. Upon inspection containers of mushrooms and ricotta cheese uncovered.	NPI
49	Clean bottom interior of all make tables in the food prep area. Food debris noted.	
49	Clean exterior of 2-Door Delfield refrigerator. Grease build-up noted.	
49	Clean exterior of Turbochef pizza oven. Food debris noted.	
49	Clean "clean" shelving next to pizza oven. Food debris noted.	
49	Clean "clean" shelving under steam table. Food debris/splash noted.	
49	Clean interior and exterior of dish machine. Food debris noted. Calcium/grease build-up noted in corners.	
55	Repair cracked wall tile to right of microwave ovens.	
55	Clean floor east of ice machine.	
55	Clean floor to wall under shelving in dry storage room	↓

CFPM Verification (name, expiration date, ID#):  
 Steven Lambert #15213929 exp: 6/22      Michael Daile #15213934 exp: 6/12/22

HACCP Topic: \_\_\_\_\_

Person in Charge (Signature) *[Signature]* Date 5/13/19

Inspector (Signature) *[Signature]* Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_