

# 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>1/17/19</b>
Establishment <b>Fujiyama</b>	License/Permit # <b>678</b>		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>11:30</b>
Street Address <b>225 N. Grant City Rd</b>			Permit Holder <b>Justin Que</b>	Time Out <b>12:45</b>
City/State <b>Carbondale</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
<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, <input checked="" type="radio"/> 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 checked="" type="radio"/> In, <input type="radio"/> Out, N/A, 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 checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Required records available: shellstock tags, parasite destruction			

Compliance Status		COS	R
<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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
Proper cold holding temperatures			
23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
Proper date marking and disposition			
24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O		
Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>			
25	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
27	<input checked="" type="radio"/> In, <input type="radio"/> Out, 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 checked="" type="radio"/> In, <input type="radio"/> Out, 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
<b>Safe Food and Water</b>			
30	<input checked="" type="checkbox"/>		
Pasteurized eggs used where required			
31	<input checked="" type="checkbox"/>		
Water and ice from approved source			
32	<input checked="" type="checkbox"/>		
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33	<input checked="" type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="checkbox"/>		
Plant food properly cooked for hot holding			
35	<input checked="" type="checkbox"/>		
Approved thawing methods used			
36	<input checked="" type="checkbox"/>		
Thermometers provided & accurate			
<b>Food Identification</b>			
37	<input checked="" type="checkbox"/>		
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38	<input checked="" type="checkbox"/>		
Insects, rodents, and animals not present			
39	<input checked="" type="checkbox"/>		
Contamination prevented during food preparation, storage and display			
40	<input checked="" type="checkbox"/>		
Personal cleanliness			
41	<input checked="" type="checkbox"/>		
Wiping cloths: properly used and stored			
42	<input checked="" type="checkbox"/>		
Washing fruits and vegetables			

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43	<input checked="" type="checkbox"/>		
In-use utensils: properly stored			
44	<input checked="" type="checkbox"/>		
Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="checkbox"/>		
Single-use/single-service articles: properly stored and used			
46	<input checked="" type="checkbox"/>		
Gloves used properly			
<b>Utensils, Equipment and Vending</b>			
47	<input checked="" type="checkbox"/>		
Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input checked="" type="checkbox"/>		
Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="checkbox"/>		
Non-food contact surfaces clean			
<b>Physical Facilities</b>			
50	<input checked="" type="checkbox"/>		
Hot and cold water available; adequate pressure			
51	<input checked="" type="checkbox"/>		
Plumbing installed; proper backflow devices			
52	<input checked="" type="checkbox"/>		
Sewage and waste water properly disposed			
53	<input checked="" type="checkbox"/>		
Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="checkbox"/>		
Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="checkbox"/>		
Physical facilities installed, maintained, and clean			
56	<input checked="" type="checkbox"/>		
Adequate ventilation and lighting; designated areas used			
<b>Employee Training</b>			
57	<input checked="" type="checkbox"/>		
All food employees have food handler training			
58	<input checked="" type="checkbox"/>		
Allergen training as required			

# Food Establishment Inspection Report

Establishment: Fujiyama Establishment #: 678  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Bleach PPM: 100 ppm Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	Item/Location
Walkin	38°F		Rice	160°F	
Dr. Pepper (Meat)	41°F				
Waitress	39°F				
Small Sushi	32°F				
Large Sushi	38°F				
Make table	39°F				
3-Door Bar	41°F				
Beer Walkin	41°F				

OBSERVATIONS AND CORRECTIVE ACTIONS	
Item Number	Violations cited in this report must be corrected within the time frames below.
22	Provide proper cold holding temp (41°F or less) for egg noodles in kitchen. Upon inspection 6 x boxes noodles @ 51-53°F. COS
39	Repair refrigeration unit in walkin freezer to eliminate ice/water from dripping on boxes below.
43	Refrain from storing scoops for bulk spices on top of containers. Scoops must be in product w/ handle up or in an easily cleanable container.
16	Clean "clean" knives stored on magnetic strips throughout kitchen. Several knives w/ food debris noted. Only clean utensils should be put back for storage on these magnetic strips. COS

CFPM Verification (name, expiration date, ID#):  
Fei Y Chen  
12123898 x 3/20

HACCP Topic: 22/8/16

Person in Charge (Signature) [Signature] Date 1/17/19

Inspector (Signature) [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: NRI