

# 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 <span style="float: right;">0</span>	Date <u>4/4/15</u>
Establishment <u>Global Gourmet</u>	License/Permit # <u>502</u>		No. of Repeat Risk Factor/Intervention Violations <span style="float: right;">0</span>	Time In <u>3:40</u>
Street Address <u>102 E Jackson St</u>			Permit Holder <u>Andrea Burch</u>	Time Out <u>4:15</u>
City/State <u>Carbondale</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, <input type="radio"/> 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, <input type="radio"/> N/O			Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input 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, <input type="radio"/> N/O			Hands clean and properly washed			
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			
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 checked="" type="radio"/> N/A, <input 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, <input type="radio"/> N/A, <input type="radio"/> N/O			Food separated and protected			
16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> 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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			Proper cooking time and temperatures			
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			
20	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			Proper cooling time and temperature			
21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper cold holding temperatures			
23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> 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	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Pasteurized eggs used where required			
31	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Water and ice from approved source			
32	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>							
33	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Plant food properly cooked for hot holding			
35	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Approved thawing methods used			
36	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Thermometers provided & accurate			
<b>Food Identification</b>							
37	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Food properly labeled; original container			
<b>Prevention of Food Contamination</b>							
38	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Insects, rodents, and animals not present			
39	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Contamination prevented during food preparation, storage and display			
40	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Personal cleanliness			
41	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Wiping cloths: properly used and stored			
42	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Washing fruits and vegetables			
<b>Proper Use of Utensils</b>							
43	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			In-use utensils: properly stored			
44	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Utensils, equipment & linens: properly stored, dried, & handled			
45	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Single-use/single-service articles: properly stored and used			
46	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Gloves used properly			
<b>Utensils, Equipment and Vending</b>							
47	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Warewashing facilities: installed, maintained, & used; test strips			
49	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Non-food contact surfaces clean			
<b>Physical Facilities</b>							
50	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Hot and cold water available; adequate pressure			
51	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Plumbing installed; proper backflow devices			
52	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Sewage and waste water properly disposed			
53	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned			
54	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained			
55	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Physical facilities installed, maintained, and clean			
56	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Adequate ventilation and lighting; designated areas used			
<b>Employee Training</b>							
57	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			All food employees have food handler training			
58	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Allergen training as required			

# Food Establishment Inspection Report

Establishment: Global Gourmet Establishment #: 502

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	Item/Location		Temp
Single Door in kitchen		37°F						
True Make Table		33°F						
Desert Make Table		36°F						
Traulsen 2-Door		40°F						

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Violations cited in this report must be corrected within the time frames below.
* No violations:	

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

William Cook (PIC) 14420385 x 11/24		
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HACCP Topic: 21, 22

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

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