

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 2	Date 4/22/19
Establishment Hunan	License/Permit # 157	No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:50
Street Address 710 E Main St		Permit Holder Chan Sang Sun	Time Out 12:00
City/State Carbondale	ZIP Code 62901	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							
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)			
Employee Health							
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			
Good Hygienic Practices							
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			
Preventing Contamination by Hands							
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			
Approved Source							
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 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			
Protection from Contamination							
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			
Time/Temperature Control for Safety							
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			
19	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" 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 checked="" type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Time as a Public Health Control; procedures & records			
Consumer Advisory							
25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations							
26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances							
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			
Conformance with Approved Procedures							
29	<input type="radio"/> In, <input checked="" type="radio"/> Out, <input 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

		COS	R			COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water and ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
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						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, and animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used and stored						
42	Washing fruits and vegetables						
Proper Use of Utensils							
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						
Utensils, Equipment and Vending							
47	Food and non-food contact surfaces cleanable, properly designed, constructed and used						
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
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	Physical facilities installed, maintained, and clean						
56	Adequate ventilation and lighting; designated areas used						
Employee Training							
57	All food employees have food handler training						
58	Allergen training as required						

Food Establishment Inspection Report

Establishment: Hunan Establishment #: 157

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach/Quat PPM: 100/200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Walkin	38°F		Rice x 5	146-171°F	
True "Garnish"	38°F		Waitress Steamtable	154°F	
True Make (West)	40°F		Chicken/Wok	180°F	
True Make (East)	36°F				
H-Door Bar	34°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
16	Instruct employees on proper washing procedures (wash, rinse, + sanitize) for all utensils stored on magnetic strip on West end of kitchen to ensure all food contact surfaces are properly cleaned + sanitized. Upon inspection cook using utility sink/ to rinse off dirty utensils to use. CAT
24	Provide proper date/time labels for any TCS/PHF product (eggs) stored on wok cart. Must have label w/ 4 hour discard time to use time vs temp as control. CAT
49	Clean "clean" utensils on magnetic strip on West end of kitchen. All utensils dirty upon inspection. NR
55	Clean floor below bar area. Debris/dirt noted. NR

CFPM Verification (name, expiration date, ID#):
 David Kuan (PIC) _____
 16A20214 X 9/23 _____

HACCP Topic: 21, 22, 16

Person in Charge (Signature) [Signature] Date 4/22/15

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