

# 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>5/8/19</b>
Establishment <b>Jimmy Johns</b>		License/Permit # <b>782</b>	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>10:25</b>
Street Address <b>SIS IL Arc</b>		City/State <b>Carbondale</b>	Permit Holder	Time Out <b>11:10</b>
City/State <b>Carbondale</b>		ZIP Code <b>62901</b>	Purpose of Inspection <b>Routine</b>	Risk Category <b>II</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	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Time/Temperature Control for Safety</b>			
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		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper cooking time and temperatures			
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		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper reheating procedures for hot holding			
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		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper cooling time and temperature			
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		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper hot holding temperatures			
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		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Proper cold holding temperatures			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Consumer Advisory</b>			
Food obtained from approved source				25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Consumer advisory provided for raw/undercooked food			
Food received at proper temperature				<b>Highly Susceptible Populations</b>			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered			
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			<b>Food/Color Additives and Toxic Substances</b>			
Required records available: shellstock tags, parasite destruction				27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
				Food additives: approved and properly used			
<b>GOOD RETAIL PRACTICES</b>							
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			<b>Proper Use of Utensils</b>			
31	Water and ice from approved source			43	<input checked="" type="checkbox"/> In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>			
36	Thermometers provided & accurate			47	Food and non-food contact surfaces cleanable, properly designed, constructed and used		
<b>Food Identification</b>							
37	Food properly labeled; original container			48	Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, and animals not present			49	Non-food contact surfaces clean		
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display			<b>Physical Facilities</b>			
40	Personal cleanliness			50	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored			51	<input checked="" type="checkbox"/> Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables			52	<input checked="" type="checkbox"/> Sewage and waste water properly disposed		
<b>Employee Training</b>							
57	All food employees have food handler training			53	Toilet facilities: properly constructed, supplied, & cleaned		
58	Allergen training as required			54	Garbage & refuse properly disposed; facilities maintained		
				55	Physical facilities installed, maintained, and clean		
				56	Adequate ventilation and lighting; designated areas used		

# Food Establishment Inspection Report

Establishment: Jimmy Johns Establishment #: 782  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Quat PPM: 200 Heat: N/A

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Walkin	39°F						
Make Line (North)	41°F						
Make Line (South)							

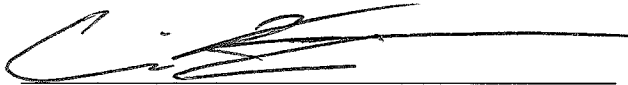
### OBSERVATIONS AND CORRECTIVE ACTIONS

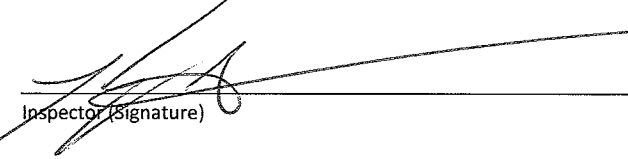
Item Number	Violations cited in this report must be corrected within the time frames below.
8	Instruct all employees to properly wash hands, after using phone, computer, or interacting w/ money from customers, prior to returning to food prep. You must wash hands prior to donning gloves after the above listed activity. COS
39	Move all food product stored below refrigeration unit in walkin cooler. Excessive water dripping from unit. Appears drain line is obstructed & pan is full of water.
43	Refrain from using bowls as scoops in bulk spices in kitchen. Scoops must have handles to reduce the risk of hand contact cross contamination.
51	Repair drain line on refrigeration unit to allow unit to drain properly or fix what issues is causing water to form & drip on food below.
2	Provide certified food manager @ all times food is being preped or served. 6/12/19

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

None			
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HACCP Topic: 8, 2, 32

  
 Person in Charge (Signature) Date: 5/8/19

  
 Inspector (Signature) Follow-up:  Yes  No (Check one) Follow-up Date: 6/12/19

## JACKSON COUNTY HEALTH DEPARTMENT

Recheck Inspection / Notice to Correct Continuation Sheet

Establishment Name: Jimmy Johns

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Violations of the Jackson County Food Service Sanitation Ordinance and State Food Service Regulations that you were ordered to correct:

Item		Correction Date
	<i>*Note:</i>	
	<i>"This facility has had issues or warned about handwashing issues on several of it's past inspections. You must instruct employees to properly wash hands prior to food prep. Failure to do so, + further violations of this nature may result in suspension of your food service permit.</i>	
	<i>* You may e-mail, mail, or fax me a copy of your manager's cert upon completion prior to your scheduled recheck date.</i>	

Date 5/8/19  
 Received by 

Time 11:10  
 Sanitarian 