

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 1	Date 2/25/19
Establishment Larry's House of Cakes		License/Permit # 781	No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:50 AM
Street Address 1807 W. Main St		Permit Holder Dale Clayton	Risk Category II	
City/State Carbondale, IL		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				Protection from Contamination			
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		
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		
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
4	<input checked="" type="radio"/> In, <input type="radio"/> Out			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			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			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			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		<input checked="" type="checkbox"/>
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			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			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			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			Conformance with Approved Procedures			
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		
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
				29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		

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
Safe Food and Water				Proper Use of Utensils			
30	<input type="checkbox"/>			43	<input type="checkbox"/>		
31	<input type="checkbox"/>			44	<input type="checkbox"/>		
32	<input type="checkbox"/>			45	<input type="checkbox"/>		
Food Temperature Control				Utensils, Equipment and Vending			
33	<input type="checkbox"/>			46	<input type="checkbox"/>		
34	<input type="checkbox"/>			47	<input checked="" type="checkbox"/>		
35	<input type="checkbox"/>			48	<input type="checkbox"/>		
36	<input type="checkbox"/>			49	<input checked="" type="checkbox"/>		
Food Identification				Physical Facilities			
37	<input type="checkbox"/>			50	<input type="checkbox"/>		
Prevention of Food Contamination				51	<input type="checkbox"/>		
38	<input type="checkbox"/>			52	<input type="checkbox"/>		
39	<input type="checkbox"/>			53	<input type="checkbox"/>		
40	<input type="checkbox"/>			54	<input type="checkbox"/>		
41	<input type="checkbox"/>			55	<input checked="" type="checkbox"/>		
42	<input type="checkbox"/>			56	<input type="checkbox"/>		
Employee Training				57	<input type="checkbox"/>		
				58	<input type="checkbox"/>		

Food Establishment Inspection Report

Establishment: Larry's House of Cakes Establishment #: 781
 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	
True 3-door cake cooler	40.6 ^{oF}				
Walk-in cooler	29.4 ^{oF}				
Beverage cooler	34.0 ^{oF}				
1 st cake display (near register)	40.4 ^{oF}				
2 nd cake display case	17.1 ^{oF}				
Cream cheese icing	54.7 ^{oF}				
Coffee creamer @ station	58.6 ^{oF}				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
22	Provide proper cold holding temperature (41 ^{oF} or below) for all TCS products (coffee creamer) stored at the coffee station. This product requires refrigeration or 4 hour discard labeling. Product was discarded.	COS
22	Provide proper cold holding temperature (41 ^{oF} or below) for all TCS products (cream cheese/whipped icing) used throughout facility. Upon inspection icing removed from refrigeration at 6:00am was out at 11:30am at 54.7 ^{oF} . If icing must be used at room temperature it must have a 4 hour discard label. Product discarded.	COS
<u>47</u>	Repair drain line for freezer with doors labeled 3 and 4. Upon inspection excessive ice build-up and formation was noted.	3/4/19
55	Clean fins on return air vent (back of unit). Excessive mold and mildew growing on back of the unit in walk-in cooler.	↓
55	Clean floor mats throughout the facility. Rubber floor mats leave (residual black).	↓

CFPM Verification (name, expiration date, ID#):
Dale Clayton (PIC)
21535773
Exp: 1/24

HACCP Topic: 8, 22

Dale Clayton Person in Charge (Signature) 2/25/19 Date

[Signature] Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 3/4/19

Food Establishment Inspection Report

Establishment: Lamy's House of Cakes

Establishment #: 781

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
55	Clean and <u>(Bin)</u> the floor under the coffee brewing station behind the counter. <u>Pay close attention to the areas towards the wall</u>	3/4/19 ↓ ↓ ↓
49	Clean interior floor of freezer with doors labeled 1 and 2. Food debris noted.	
49	Clean the sprinkle shelves and containers used to store all sprinkles in cake decorating area. Food debris noted.	

Notes

- * During inspection noticed several ceiling tiles in rear kitchen with water damage.
- * Due to facility using time as a Public Health control instead of temperature you must label all TCS products as follows:
 - * Date / Time you removed item from refrigeration.
 - * Date / Time the product must be discarded (4 hours max).
 - * would recommend only sitting out quantity you can use in that time frame.

Dale Clayton
Person in Charge (Signature)

2/25/19
Date

[Signature]
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: 3/4/19



JACKSON COUNTY HEALTH DEPARTMENT
 RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Larry's House of Cakes
Orig. Inspection Date	2/25/19
Owner/Operator	Dale Clayton

Items below identify violations of the Jackson County Food Service Sanitation Ordinance and State Food Service Regulations that you were ordered to correct:

Item	Correction Date
Corrected Items: 22, 22, 55, 55, 55, 49, 49	3/4/19
Item #47 (freezer drain) still not corrected, to be corrected by NRI (next routine inspection).	NRI

Date 3/4/19

Time 10:00 AM

Received by Dale Clayton

Sanitarian Brittany M. Jones / Kristin E. White

NOTICE TO CORRECT VIOLATIONS

You are hereby ordered to correct the above noted violations of the Jackson County Food Service Ordinance by _____. Failure to correct the violations within the time allotted may result in suspension and removal of your food service permit. Continued operation of the food service establishment without the permit will result in issuance of a citation and may result in a fine of up to \$500. Each day upon which such violation occurs shall constitute a separate violation.

If the above violations are not corrected within time allotted, a mandatory hearing may be scheduled at the Jackson County Health Department.

Date Issued: _____

Owner/Operator: _____

Sanitarian: _____