

# 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>1</b>	Date <b>4/23/19</b>
Establishment <b>Legends Restaurant</b> Street Address <b>14400 Meridian Rd</b> City/State <b>Carbondale</b> ZIP Code <b>62913</b>		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>1:50</b> Time Out <b>5:40</b>
License/Permit # <b>776</b>		Permit Holder <b>Leonard Smith</b>	Risk Category <b>I</b>
		Purpose of Inspection <b>Routine</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>				<b>Protection from Contamination</b>			
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</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			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	<input checked="" type="radio"/> In <input type="radio"/> Out			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered			
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			<b>Food/Color Additives and Toxic Substances</b>			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Food additives: approved and properly used			
Adequate handwashing sinks properly supplied and accessible				28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
Food obtained from approved source				Compliance with variance/specialized process/HACCP			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			<b>GOOD RETAIL PRACTICES</b>			
Food received at proper temperature				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			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			
Food in good condition, safe, and unadulterated				<b>Safe Food and Water</b>			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			30	<input checked="" type="radio"/> In <input type="radio"/> Out		
Required records available: shellstock tags, parasite destruction				Pasteurized eggs used where required			

<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	<input checked="" type="radio"/> In <input type="radio"/> Out			43	<input checked="" type="radio"/> In <input type="radio"/> Out		
Pasteurized eggs used where required				In-use utensils: properly stored			
31	<input checked="" type="radio"/> In <input type="radio"/> Out			44	<input checked="" type="radio"/> In <input type="radio"/> Out		
Water and ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32	<input checked="" type="radio"/> In <input type="radio"/> Out			45	<input checked="" type="radio"/> In <input type="radio"/> Out		
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored and used			
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
33	<input checked="" type="radio"/> In <input type="radio"/> Out			46	<input checked="" type="radio"/> In <input type="radio"/> Out		
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly			
34	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Physical Facilities</b>			
Plant food properly cooked for hot holding				47	<input checked="" type="radio"/> In <input type="radio"/> Out		
35	<input checked="" type="radio"/> In <input type="radio"/> Out			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
Approved thawing methods used				48	<input checked="" type="radio"/> In <input type="radio"/> Out		
36	<input checked="" type="radio"/> In <input type="radio"/> Out			Warewashing facilities: installed, maintained, & used; test strips			
Thermometers provided & accurate				49	<input checked="" type="radio"/> In <input type="radio"/> Out		
<b>Food Identification</b>				Non-food contact surfaces clean			
37	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Employee Training</b>			
Food properly labeled; original container				50	<input checked="" type="radio"/> In <input type="radio"/> Out		
<b>Prevention of Food Contamination</b>				Hot and cold water available; adequate pressure			
38	<input checked="" type="radio"/> In <input type="radio"/> Out			51	<input checked="" type="radio"/> In <input type="radio"/> Out		
Insects, rodents, and animals not present				Plumbing installed; proper backflow devices			
39	<input checked="" type="radio"/> In <input type="radio"/> Out			52	<input checked="" type="radio"/> In <input type="radio"/> Out		
Contamination prevented during food preparation, storage and display				Sewage and waste water properly disposed			
40	<input checked="" type="radio"/> In <input type="radio"/> Out			53	<input checked="" type="radio"/> In <input type="radio"/> Out		
Personal cleanliness				Toilet facilities: properly constructed, supplied, & cleaned			
41	<input checked="" type="radio"/> In <input type="radio"/> Out			54	<input checked="" type="radio"/> In <input type="radio"/> Out		
Wiping cloths: properly used and stored				Garbage & refuse properly disposed; facilities maintained			
42	<input checked="" type="radio"/> In <input type="radio"/> Out			55	<input checked="" type="radio"/> In <input type="radio"/> Out		
Washing fruits and vegetables				Physical facilities installed, maintained, and clean			
				56	<input checked="" type="radio"/> In <input type="radio"/> Out		
				Adequate ventilation and lighting; designated areas used			

# Food Establishment Inspection Report

Establishment: Legends Restaurant Establishment #: 776

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: 0 Heat: N/A

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Walkin	36°F						
6-Drawer Unit	41°F						
1-Door Case Unit	39°F						
Make Table	40°F						

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number      Violations cited in this report must be corrected within the time frames below.

- 16 Provide proper sanitizer concentration (150ppm Quat) for dish machine in kitchen to ensure all food contact surfaces on dishes are properly sanitized. Upon inspection unit @ 0ppm. 5/1/19
- 44 Refrain from storing glasses on cloth towels @ bar. Cloth is not an approved food contact surface. 5/1/19
- 49 Clean vegetable chopper in kitchen. Food debris noted. 5/1/19
- 55 Clean entire floor below cook's line in kitchen. Food debris/grease noted. 5/1/19

**\*Note:**  
 You must use 3-comp sink until dish machine repaired + rechecked by the health Depto. This is a reoccurring issue in this facility. If this occurs again in the future it may result in suspension of your permit. You must keep a dish machine log daily when unit is in use.

CFPM Verification (name, expiration date, ID#):  
Leonard Smith (PIC)  
3186558 x 12/20

HACCP Topic:

[Signature]      25 APR 19  
 Person in Charge (Signature)      Date

[Signature]      Follow-up:  Yes  No (Check one)      Follow-up Date: 5/1/19  
 Inspector (Signature)



JACKSON COUNTY HEALTH DEPARTMENT  
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Legends
Orig. Inspection Date	4/25/19
Owner/Operator	Leonard Smith

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 Violations:	
16	5/1/19
* Note:	
• Unit functioning as intended	

Date 5/1/19

Time 11:45

Received by [Signature]

Sanitarian [Signature]

**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: \_\_\_\_\_