

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 6/4/19
Establishment Little Caesar's (#0646)		License/Permit # 0646	No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:15
Street Address 819 West Main Street			Permit Holder	Time Out 11:55
City/State Carbondale, Ill		ZIP Code	Risk Category II	
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
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		
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
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		
Good Hygienic Practices			20	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O
6	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/O	Proper cooling time and temperature		
Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O
7	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/O	Proper hot holding temperatures		
No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O
Preventing Contamination by Hands			Proper cold holding temperatures		
8	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/O	23	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O
Hands clean and properly washed			Proper date marking and disposition		
9	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O	24	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Time as a Public Health Control; procedures & records		
10	<input checked="" type="radio"/> In	<input type="radio"/> Out	Consumer Advisory		
Adequate handwashing sinks properly supplied and accessible			25	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A
Approved Source			Consumer advisory provided for raw/undercooked food		
11	<input checked="" type="radio"/> In	<input type="radio"/> Out	Highly Susceptible Populations		
Food obtained from approved source			26	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A
12	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O	Pasteurized foods used; prohibited foods not offered		
Food received at proper temperature			Food/Color Additives and Toxic Substances		
13	<input checked="" type="radio"/> In	<input type="radio"/> Out	27	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A
Food in good condition, safe, and unadulterated			Food additives: approved and properly used		
14	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A, N/O	28	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A
Required records available: shellstock tags, parasite destruction			Toxic substances properly identified, stored, and used		
GOOD RETAIL PRACTICES			Conformance with Approved Procedures		
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			29	<input checked="" type="radio"/> In	<input type="radio"/> Out, N/A
			Compliance with variance/specialized process/HACCP		

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

Food Establishment Inspection Report

Establishment: Little Caesar's Establishment #: 0646

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 200 corrected to: Heat: N/A

TEMPERATURE OBSERVATIONS								
Item/Location		Temp	Item/Location		Temp	Item/Location		Temp
PIZZA Make table		40.3°	HOT HOLD Cabinets					
Sausage Crumbles		36.8°	East		172.6°			
Diced Ham		36.5°	Middle		148.3°			
Beef Crumbles		38.8°	West		148.6°			
Mozzarella Cheese		39.7°	Front Counter		159.3°			
			Sausage + Cheese					
			Pizza - Out of Oven		193°			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
16	Provide proper concentration of Quat sanitizer for 3 compartment sink & sanibuckets. Originally observed at <100 ppm. Corrected to 200 ppm. Dispenser seems to be dispensing sanitizer inconsistently. Must monitor to assure 200 ppm minimum. Have dispenser checked for proper operation & call JCHD for recheck.	COS 6/18/19
57	Provide food handler training for all staff.	7/8/19
55	Replace cracked floor tile near 3 compartment sink.	NRI
10	Repair/replace paper towel dispenser in employee restroom to work properly.	7/8/19
56	Repair 1 light in walk-in cooler to work in order to facilitate cleaning.	7/8/19

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

Kaitlin Pool #17229767 exp. 12/8/23	Samantha Webb #21051905 exp. 12/13/19
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HACCP Topic: #8, #16

Sam Webb 6/4/19
 Person in Charge (Signature) Date

Stephan E. Williams Follow-up: Yes No (Check one) Follow-up Date: 6/18/19
 Inspector (Signature) 7/8/19



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	<u>Little Caesars</u>
Orig. Inspection Date	<u>6/4/19</u>
Owner/Operator	

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
16	Provide minimum 200 ppm Quat sanitizer at 3 compartment sink. Dispensing at 0 ppm. Must have effective sanitizer in place to w/r/s correctly. May add manually until dispenser is fixed. Dispenser must be repaired in order to have consistent concentration of sanitizer.	* 6/19/19

Date 6/18/19

Time 10:30

Received by _____

Sanitarian Allyce E. Williams

NOTICE TO CORRECT VIOLATIONS

You are hereby ordered to correct the above noted violations of the Jackson County Food Service Ordinance by 6/19/19. 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: 6/18/19
Owner/Operator: Sam Zebbb

Sanitarian: Allyce E. Williams



JACKSON COUNTY HEALTH DEPARTMENT
 RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	<u>Little Caesar's</u>
Orig. Inspection Date	<u>6/4/19</u>
Owner/Operator	

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
<u>16</u>	<u>Provide minimum 200 ppm Quat sanitizer @ 3 compartment sink + Sani-buckets. Originally observed at 0 ppm. Dispensing today at 200 ppm. OK.</u>	
	<u>Order test strips @ 1-888-685-TEST. Be sure to specify <u>Quat</u> strips.</u>	

Date 6/19/19

Time 12:20

Received by Sam Webb

Sanitarian Steph E. Williams

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: _____