

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 3	Date 4/15/19
Establishment Long John Silvers		License/Permit # 1020	No. of Repeat Risk Factor/Intervention Violations 0	Time In 2:20 pm
Street Address 1420 E. main St.		Permit Holder Adam Crow	Risk Category II	Time Out 4:00 pm
City/State Carbondale, IL	ZIP Code 62901	Purpose of Inspection Monthly-4		

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			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			
Employee Health							
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			Time/Temperature Control for Safety			
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		
Good Hygienic Practices							
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		
Preventing Contamination by Hands							
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		
Approved Source							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Consumer Advisory			
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				Highly Susceptible Populations			
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			Food/Color Additives and Toxic Substances			
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			
GOOD RETAIL PRACTICES <p>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</p>							
				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
				Toxic substances properly identified, stored, and used			
Safe Food and Water							
30				Conformance with Approved Procedures			
Pasteurized eggs used where required				29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
31				Compliance with variance/specialized process/HACCP			
Water and ice from approved source				Proper Use of Utensils			
32				43			
Variance obtained for specialized processing methods				In-use utensils: properly stored			
Food Temperature Control							
33				44			
Proper cooling methods used; adequate equipment for temperature control				Utensils, equipment & linens: properly stored, dried, & handled			
34				45			
Plant food properly cooked for hot holding				Single-use/single-service articles: properly stored and used			
35				46			
Approved thawing methods used				Gloves used properly			
36				Utensils, Equipment and Vending			
Thermometers provided & accurate				47	<input checked="" type="radio"/> X		
Food Identification							
37				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
Food properly labeled; original container				48			
Prevention of Food Contamination							
38				Warewashing facilities: installed, maintained, & used; test strips			
Insects, rodents, and animals not present				49	<input checked="" type="radio"/> X		
39				Non-food contact surfaces clean			
Contamination prevented during food preparation, storage and display				Physical Facilities			
40				50			
Personal cleanliness				Hot and cold water available; adequate pressure			
41				51			
Wiping cloths: properly used and stored				Plumbing installed; proper backflow devices			
42				52			
Washing fruits and vegetables				Sewage and waste water properly disposed			
Employee Training							
57				Toilet facilities: properly constructed, supplied, & cleaned			
All food employees have food handler training				53			
58				Garbage & refuse properly disposed; facilities maintained			
Allergen training as required				54			
				Physical facilities installed, maintained, and clean			
				55	<input checked="" type="radio"/> X		
				Adequate ventilation and lighting; designated areas used			
				56			

Food Establishment Inspection Report

Establishment: Long John Silvers Establishment #: 1020
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: QUAT PPM: 150 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	Item/Location
Walk-in	39.2		Hot hold		
Coleslaw (under warm bin)	39.9°		◦ Rice	173.7°	
Ice cream make table (up)	36.1°		◦ mac'n'cheese	163.4°	
◦ lower AA	35.6		◦ chicken	166.7°	
Fryer make table			◦ Shrimp	149.2°	
◦ upper AA	40.1				
◦ lower AA	39.6				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
18	Provide proper cooking procedure for raw ground beef in kitchen. Upon inspection cook just guessing on when product is cooked to proper temperature. No procedure posted. No timer or thermometer used. See notes.	4/17/19
24	Provide proper labeling (4 hr maximum) when using Time as a Public Health Control instead of temperature. Label on bacon stated 10pm discard time when bacon was cooked at 2:30pm. Asked employee about label and time for discard, she stated every 4-6 hrs. See notes.	COS
47	Repair grease line on fryer to not leak. Leak needs to be fixed because this is contributing to the floor cleaning issue.	4/17/19
55	Clean floor throughout facility, paying close attention to areas around fryer. Excessive grease noted throughout facility. See notes.	↓
55	Provide light shield for fluorescent light in back storage area.	
49	Clean interior bottom of Delfield freezer and Traulsen freezer in the grilling/fryer area. Food debris noted.	

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

Adam Crow Eric Dwyer cert# 12725475 exp: 8/20	Nancy Rose Parr cert# 11298467 exp: 7/19
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HACCP Topic:

Nancy Rose Parr Person in Charge (Signature) Date 4/15/19

Brett Myers Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 4/17/19

Food Establishment Inspection Report

Establishment: Long John Silvers

Establishment #: 1020

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
49	Clean under the hot hold warming bins. Excessive grease/food debris noted.	4/17/19
49	Clean the pan rails of the hot hold warming bins, grease and food debris noted.	↓
5	Provide procedures for responding to vomiting and diarrheal event in your facility. This must specifically include procedures for the Norovirus. This procedure was already provided to you at a previous inspection. See notes.	↓
NOTES		
<p>* On previous inspection spoke with manager about ^{Bin} posting and using proper procedure for cooking raw ground beef. Upon ^{Bin} inspection no procedure posted, and no procedure being followed. Long John Silvers/A&W has a procedure for this process. Corporate procedure involves having a timer, similar to ones used for fish and chicken, to ensure product is cooked properly. This equipment needs to be reinstalled in this facility or this facility will be at risk for losing the ability to cook raw ground beef.</p> <p>* Facility needs to review procedure for Time as a Public Health control with employees. All products not under temperature control have a maximum hold of 4 hours before discard.</p> <p>* Grease Line for fryer has been a chronic issue for this facility, and it makes it nearly impossible to clean floors. Additionally, frying area procedures need revised to reduce amount of grease being dripped on floor when moving food from fryer to hot hold warming bins.</p> <p>* Person in charge needs to know where Form 1B's are when Store manager is not present.</p> <p>* You must have a procedure posted for responding to Vomiting + diarrheal events specifically for the Norovirus. All employees need to be aware of this procedure.</p>		

Rose Pann
Person in Charge (Signature)

4/15/19
Date

Brittany Jones
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: 4/17/19



JACKSON COUNTY HEALTH DEPARTMENT
 RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	<u>Long John Silvers</u>
Orig. Inspection Date	<u>4/15/19</u>
Owner/Operator	<u>Adam Crow (manager) / Rose (Nancy) Parm. (manager)</u>

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>Corrected violations: 18, 24, 49, 55, 55, 49, 49, 5</u>	
	<u>Repeated violation:</u>	
<u>47</u>	<u>Repair grease line on fryer to not leak. Leak needs to be fixed because this is contributing to the floor cleaning issue. See Notes.</u>	<u>NRI</u>
	<u>Notes</u>	
	<u>* Maintenance on site today and ordering new gaskets for grease line in fryer. This must be fixed by the next inspection.</u>	

Date 4/17/19

Time 2:47pm

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: _____