

# 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 <span style="float: right;">2</span>	Date <span style="float: right;">2/13/14</span>
		No. of Repeat Risk Factor/Intervention Violations <span style="float: right;">0</span>	Time In <span style="float: right;">9:50</span>
Establishment <i>Long Branch Coffee House</i>	License/Permit # <i>202</i>	Permit Holder <i>Dyemii LLC</i>	Risk Category <i>II</i>
Street Address <i>100 E Jackson St</i>		Purpose of Inspection <i>Routine</i>	
City/State <i>Carbondale</i>	ZIP Code <i>62901</i>		

## 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
<b>Supervision</b>			
1	<input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Certified Food Protection Manager (CFPM)		
<b>Employee Health</b>			
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion		
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>			
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Hands clean and properly washed		
9	<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		
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible		
<b>Approved Source</b>			
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source		
12	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Food received at proper temperature		
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated		
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction		

Compliance Status		COS	R
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Food separated and protected		
16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Food-contact surfaces; cleaned and sanitized		
17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cooking time and temperatures		
19	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper reheating procedures for hot holding		
20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cooling time and temperature		
21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper hot holding temperatures		
22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cold holding temperatures		
23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper date marking and disposition		
24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Time as a Public Health Control; procedures & records		
<b>Consumer Advisory</b>			
25	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>			
27	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Food additives: approved and properly used		
28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Toxic substances properly identified, stored, and used		
<b>Conformance with Approved Procedures</b>			
29	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Compliance with variance/specialized process/HACCP		

## 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
<b>Safe Food and Water</b>			
30	<input checked="" type="radio"/> In <input type="radio"/> Out Pasteurized eggs used where required		
31	<input checked="" type="radio"/> In <input type="radio"/> Out Water and ice from approved source		
32	<input checked="" type="radio"/> In <input type="radio"/> Out Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	<input checked="" type="radio"/> In <input type="radio"/> Out Proper cooling methods used; adequate equipment for temperature control		
34	<input checked="" type="radio"/> In <input type="radio"/> Out Plant food properly cooked for hot holding		
35	<input checked="" type="radio"/> In <input type="radio"/> Out Approved thawing methods used		
36	<input checked="" type="radio"/> In <input type="radio"/> Out Thermometers provided & accurate		
<b>Food Identification</b>			
37	<input checked="" type="radio"/> In <input type="radio"/> Out Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	<input checked="" type="radio"/> In <input type="radio"/> Out Insects, rodents, and animals not present		
39	<input checked="" type="radio"/> In <input type="radio"/> Out Contamination prevented during food preparation, storage and display		
40	<input checked="" type="radio"/> In <input type="radio"/> Out Personal cleanliness		
41	<input checked="" type="radio"/> In <input type="radio"/> Out Wiping cloths: properly used and stored		
42	<input checked="" type="radio"/> In <input type="radio"/> Out Washing fruits and vegetables		

Compliance Status		COS	R
<b>Proper Use of Utensils</b>			
43	<input checked="" type="radio"/> In <input type="radio"/> Out In-use utensils: properly stored		
44	<input checked="" type="radio"/> In <input type="radio"/> Out Utensils, equipment & linens: properly stored, dried, & handled		
45	<input checked="" type="radio"/> In <input type="radio"/> Out Single-use/single-service articles: properly stored and used		
46	<input checked="" type="radio"/> In <input type="radio"/> Out Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
47	<input checked="" type="radio"/> In <input type="radio"/> Out Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	<input checked="" type="radio"/> In <input type="radio"/> Out Warewashing facilities: installed, maintained, & used; test strips		
49	<input checked="" type="radio"/> In <input type="radio"/> Out Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50	<input checked="" type="radio"/> In <input type="radio"/> Out Hot and cold water available; adequate pressure		
51	<input checked="" type="radio"/> In <input type="radio"/> Out Plumbing installed; proper backflow devices		
52	<input checked="" type="radio"/> In <input type="radio"/> Out Sewage and waste water properly disposed		
53	<input checked="" type="radio"/> In <input type="radio"/> Out Toilet facilities: properly constructed, supplied, & cleaned		
54	<input checked="" type="radio"/> In <input type="radio"/> Out Garbage & refuse properly disposed; facilities maintained		
55	<input checked="" type="radio"/> In <input type="radio"/> Out Physical facilities installed, maintained, and clean		
56	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate ventilation and lighting; designated areas used		
<b>Employee Training</b>			
57	<input checked="" type="radio"/> In <input type="radio"/> Out All food employees have food handler training		
58	<input checked="" type="radio"/> In <input type="radio"/> Out Allergen training as required		

# Food Establishment Inspection Report

Establishment: Long Branch Coffee House Establishment #: 202

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: 0 Heat: RUA

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Walkin cooler	39.9°F				
Make Table	38°F				
2-door under grill refrig.	38°F				
2-door dairy case	36°F				
3-door cooler	40°F				
pastry case	45°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 (200-400 ppm) throughout facility for wiping cloth buckets to ensure proper sanitizing of food contact surfaces. Upon inspection the concentration was roughly 0 ppm. COS.
22	Provide proper cold-holding temperature (41°F or below) for all TCS products (pastry items) in pastry case ambient temperature 45°F product temperature 45°F. Products moved to functioning refrigeration.
22	Provide proper cold-holding temperature (41°F or below) for all TCS products (butter) out at waitress station. This product requires refrigeration you may use a 4 hour discard time or keep under refrigeration. COS
39	<del>Repair drain</del> Repair drain line in true single-door freezer to eliminate the formation of ice on products below.
53	Reattach hand-sink to the wall in the kitchen area.
49	Clean top portion of make table paying close attention to area behind flip-up cover. Food debris noted.
49	Clean underneath flat top. Food debris noted.
49	Clean storage rack in walk-in cooler (rolling rack). Food debris noted.

CFPM Verification (name, expiration date, ID#):  
Andrew Guyton (PIC)  
 Cert No. 1992517  
 Exp: 3/23

HACCP Topic: 22, 16, 8

Person in Charge (Signature) \_\_\_\_\_ Date: 2/13/19

Inspector (Signature) \_\_\_\_\_ Follow-up:  Yes  No (Check one) Follow-up Date: 2/14/19





**JACKSON COUNTY HEALTH DEPARTMENT**  
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Longbranch Coffee House
Orig. Inspection Date	2/14/19
Owner/Operator	Andrew Guyton

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	3/4/19
	* Note	
	o Sanitizer unit Functioning.	

Date 3/4/19

Time 3:30

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: \_\_\_\_\_