

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 5/29/19
Establishment McDonald's		No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:10
License/Permit # 1072		Permit Holder SMJ-2 Inc.	Time Out 12:05
Street Address 1920 South ILLINOIS Avenue		Purpose of Inspection Routine	Risk Category II
City/State Carbondale, ILLINOIS		ZIP Code	

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	25	<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	26	<input checked="" type="radio"/> In	<input type="radio"/> Out	
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	
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	
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	
6	<input checked="" type="radio"/> In	<input type="radio"/> Out	Proper cooling time and temperature			
Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> In	<input type="radio"/> Out	
7	<input checked="" type="radio"/> In	<input type="radio"/> Out	Proper hot holding temperatures			
No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> In	<input type="radio"/> Out	
Preventing Contamination by Hands			Proper cold holding temperatures			
8	<input checked="" type="radio"/> In	<input type="radio"/> Out	23	<input checked="" type="radio"/> In	<input type="radio"/> Out	
Hands clean and properly washed			Proper date marking and disposition			
9	<input checked="" type="radio"/> In	<input type="radio"/> Out	24	<input checked="" type="radio"/> In	<input type="radio"/> Out	
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	
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	
12	<input checked="" type="radio"/> In	<input type="radio"/> Out	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	
Food in good condition, safe, and unadulterated			Food additives: approved and properly used			
14	<input checked="" type="radio"/> In	<input type="radio"/> Out	28	<input checked="" type="radio"/> In	<input type="radio"/> Out	
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		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
Safe Food and Water			Proper Use of Utensils			
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			
Food Temperature Control			46	<input checked="" type="radio"/> In	<input type="radio"/> Out	
33	<input checked="" type="radio"/> In	<input type="radio"/> Out	Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	<input checked="" type="radio"/> In	<input type="radio"/> Out	47	<input checked="" type="radio"/> In	<input type="radio"/> Out	
Plant food properly cooked for hot holding			Food and non-food contact surfaces cleanable, properly designed, constructed and used			
35	<input checked="" type="radio"/> In	<input type="radio"/> Out	48	<input checked="" type="radio"/> In	<input type="radio"/> Out	
Approved thawing methods used			Warewashing facilities: installed, maintained, & used; test strips			
36	<input checked="" type="radio"/> In	<input type="radio"/> Out	49	<input checked="" type="radio"/> In	<input type="radio"/> Out	
Thermometers provided & accurate			Non-food contact surfaces clean			
Food Identification			Physical Facilities			
37	<input checked="" type="radio"/> In	<input type="radio"/> Out	50	<input checked="" type="radio"/> In	<input type="radio"/> Out	
Food properly labeled; original container			Hot and cold water available; adequate pressure			
Prevention of Food Contamination			51	<input checked="" type="radio"/> In	<input type="radio"/> Out	
38	<input checked="" type="radio"/> In	<input type="radio"/> Out	Plumbing installed; proper backflow devices			
Insects, rodents, and animals not present			52	<input checked="" type="radio"/> In	<input type="radio"/> Out	
39	<input checked="" type="radio"/> In	<input type="radio"/> Out	Sewage and waste water properly disposed			
Contamination prevented during food preparation, storage and display			53	<input checked="" type="radio"/> In	<input type="radio"/> Out	
40	<input checked="" type="radio"/> In	<input type="radio"/> Out	Toilet facilities: properly constructed, supplied, & cleaned			
Personal cleanliness			54	<input checked="" type="radio"/> In	<input type="radio"/> Out	
41	<input checked="" type="radio"/> In	<input type="radio"/> Out	Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used and stored			55	<input checked="" type="radio"/> In	<input type="radio"/> Out	
42	<input checked="" type="radio"/> In	<input type="radio"/> Out	Physical facilities installed, maintained, and clean			
Washing fruits and vegetables			56	<input checked="" type="radio"/> In	<input type="radio"/> Out	
			Adequate ventilation and lighting; designated areas used			
Employee Training			Employee Training			
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: McDonald's - 1920 South Illinois Establishment #: 1072

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat C3 compartment sink Chlorine (Sani-buckets) PPM: 300/50 Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>HOT HOLDING</u>		<u>Off the Grill</u>		<u>* 2 dr. fridge # 7</u>	<u>44.0°</u>
<u>Chicken Tenderz</u>	<u>152.2°</u>	<u>Fresh 1/4 Pound Beef</u>	<u>179.9°</u>	<u>* 5L Tomatoes</u>	<u>42.5°</u>
<u>Eggs</u>	<u>151.2°</u>	<u>GRILLED Chicken Breast</u>	<u>179.4°</u>	<u>* Cut leafy Greens</u>	<u>44.0°</u>
<u>Sausage</u>	<u>172.4°</u>	<u>True 2 door freezer</u>	<u>-1°</u>	<u>Beverage Air Fridge (by Soft Serve)</u>	<u>31.1°</u>
<u>Beef Patty</u>	<u>162.4°</u>	<u>" " " Cooler</u>	<u>39.8°</u>	<u>Soft Serve Mix</u>	<u>39.9°</u>
<u>Fish Fillet</u>	<u>157.5°</u>	<u>Walk-In Cooler</u>	<u>36.7°</u>		
<u>Under Counter Fridge #6</u>	<u>29.9°</u>	<u>" " Freezer (defrost)</u>	<u>+8°</u>		
<u>Burger Storage Drawers</u>	<u>13.7°</u>	<u>True 2 dr. Freezer (South)</u>	<u>-2°</u>		
<u>" " (fresh)</u>	<u>36.2°</u>	<u>French Fry Freezer</u>	<u>-1°</u>		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
<u>22</u>	<u>Provide 41°F or less for all TCS foods in 2 door fridge #7. Ambient air at 44°F. Sliced Tomatoes at 42.5°. Cut leafy greens @ 44.0°. Moved both to walk-in cooler. No TCS foods to be held here until rechecked by JCHD.</u>	<u>5/31/19</u>
<u>40</u>	<u>Provide effective hair restraints for all personnel in food prep or dishwashing areas. Hats or hairnets only. Hair is not allowed to be worn pulled up only with no hat or hairnet.</u>	<u>COS</u>
<u>47</u>	<u>Remove cardboard from bottom of cup dispenser at drive through. Not easily cleanable, non-absorbant.</u>	<u>NRI</u>
<u>55</u>	<u>Cover bare wood at wall section above soft-serve machine. Paint/Seal wood or cover with FRP paneling.</u>	<u>↓</u>

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

J. Marie Noel & 5 others on file
 # 016799364
 exp. 6/3/20

HACCP Topic: #8, #22

AJ Steyer 5/29/19
 Person in Charge (Signature) Date

Alyson E. Williams Follow-up: Yes No (Check one) Follow-up Date: 5/31/19
 Inspector (Signature)



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	<u>McDonalds - 51 South</u>
Orig. Inspection Date	<u>5/29</u>
Owner/Operator	<u>Marie Noel</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>22</u>	<u>Provide 44°F or less for all TCS foods in 2 door fridge #7. Originally at 44°F. At 35.20°F today, OK to use.</u>	<u>5/31/19</u>

Date 5/31/19

Time 10:50

Received by Stacy Norment

Sanitarian Allyson 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: _____