

# 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	3/21/19
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:25
Street Address			Permit Holder	Joseph Batchelor		
City/State		ZIP Code	Purpose of Inspection	Routine		
			Risk Category	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

Compliance Status		COS	R	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, <input type="radio"/> 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, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> 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 type="radio"/> N/A, <input type="radio"/> N/O			Required records available: shellstock tags, parasite destruction			
<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, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> N/O			Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>							
25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>							
26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> 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, <input type="radio"/> N/A			Food additives: approved and properly used			
28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			Toxic substances properly identified, stored, and used			X
<b>Conformance with Approved Procedures</b>							
29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> 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	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30	<input type="radio"/> In <input type="radio"/> Out			Pasteurized eggs used where required			
31	<input type="radio"/> In <input type="radio"/> Out			Water and ice from approved source			
32	<input type="radio"/> In <input type="radio"/> Out			Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>							
33	<input type="radio"/> In <input type="radio"/> Out			Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> In <input type="radio"/> Out			Plant food properly cooked for hot holding			
35	<input type="radio"/> In <input type="radio"/> Out			Approved thawing methods used			
36	<input type="radio"/> In <input type="radio"/> Out			Thermometers provided & accurate			
<b>Food Identification</b>							
37	<input type="radio"/> In <input type="radio"/> Out			Food properly labeled; original container			
<b>Prevention of Food Contamination</b>							
38	<input type="radio"/> In <input type="radio"/> Out			Insects, rodents, and animals not present			
39	<input type="radio"/> In <input type="radio"/> Out			Contamination prevented during food preparation, storage and display			
40	<input 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			X
42	<input type="radio"/> In <input type="radio"/> Out			Washing fruits and vegetables			
<b>Proper Use of Utensils</b>							
43	<input 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			X
45	<input type="radio"/> In <input type="radio"/> Out			Single-use/single-service articles: properly stored and used			
46	<input 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			X
48	<input type="radio"/> In <input type="radio"/> Out			Warewashing facilities: installed, maintained, & used; test strips			
49	<input type="radio"/> In <input type="radio"/> Out			Non-food contact surfaces clean			
<b>Physical Facilities</b>							
50	<input type="radio"/> In <input type="radio"/> Out			Hot and cold water available; adequate pressure			
51	<input type="radio"/> In <input type="radio"/> Out			Plumbing installed; proper backflow devices			
52	<input type="radio"/> In <input type="radio"/> Out			Sewage and waste water properly disposed			
53	<input type="radio"/> In <input type="radio"/> Out			Toilet facilities: properly constructed, supplied, & cleaned			
54	<input 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 type="radio"/> In <input type="radio"/> Out			Adequate ventilation and lighting; designated areas used			
<b>Employee Training</b>							
57	<input type="radio"/> In <input type="radio"/> Out			All food employees have food handler training			
58	<input type="radio"/> In <input type="radio"/> Out			Allergen training as required			

# Food Establishment Inspection Report

Establishment: Meo Myo Establishment #: 1125

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Arctic Air Make Table			Collard Greens	148.6°			
top	37.7°						
Bottom	39.7°						
2 Door Commercial Fridge	39.8°						
Hot Holding							
Mac n' Cheese	158.2°						
Rice	155°						

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
44	Remove cloth towels from under utensils near East prep table in rear kitchen. COS.
28	Remove Febreze from shelf above East food prep table. COS
47	Remove paper towels from top storage area of Arctic Air make table. Surfaces must be non-absorbant, easily cleanable. COS
41	Store all wiping cloths in a sanitizing solution in back kitchen. COS
55	Clean FRP paneling behind prep table in front prep area. Correct by NRI.
55	Remove excess clutter from back kitchen area. Correct by NRI.

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

Joseph Batchelor # 01486838 exp. 2/27/20		
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HACCP Topic: Handwashing

Person in Charge (Signature) Joseph Batchelor Date 3/21/19

Inspector (Signature) Stephen E. Williams Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_