

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 3-1-19 |
| Establishment Midland Inn | | No. of Repeat Risk Factor/Intervention Violations 0 | Time In 10:10 |
| License/Permit # 0221 | | Permit Holder Dennis + Calafatti | Time Out 11:00 |
| Street Address 7570 Old Hwy 13 | | Purpose of Inspection Routine | Risk Category I |
| City/State Murphysboro, ILLINOIS | ZIP Code 62946 | | |

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 | Person in charge present, demonstrates knowledge, and performs duties | | 15 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | Food separated and protected | |
| 2 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A | Certified Food Protection Manager (CFPM) | | 16 | <input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | Food-contact surfaces; cleaned and sanitized | X |
| Employee Health | | | | Time/Temperature Control for Safety | | | |
| 3 | <input checked="" type="radio"/> In <input type="radio"/> Out | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | 17 | <input checked="" type="radio"/> In <input type="radio"/> Out | Proper disposition of returned, previously served, reconditioned and unsafe food | |
| 4 | <input checked="" type="radio"/> In <input type="radio"/> Out | Proper use of restriction and exclusion | | 18 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | Proper cooking time and temperatures | X |
| 5 | <input checked="" type="radio"/> In <input type="radio"/> Out | Procedures for responding to vomiting and diarrheal events | | 19 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Proper reheating procedures for hot holding | |
| Good Hygienic Practices | | | | Consumer Advisory | | | |
| 6 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O | 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 | Consumer advisory provided for raw/undercooked food | |
| 7 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O | No discharge from eyes, nose, and mouth | | Highly Susceptible Populations | | | |
| Preventing Contamination by Hands | | | | Food/Color Additives and Toxic Substances | | | |
| 8 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O | Hands clean and properly washed | | 21 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | Pasteurized foods used; prohibited foods not offered | |
| 9 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | Conformance with Approved Procedures | | | |
| 10 | <input checked="" type="radio"/> In <input type="radio"/> Out | Adequate handwashing sinks properly supplied and accessible | | 22 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | Food additives: approved and properly used | |
| Approved Source | | | | 23 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | Toxic substances properly identified, stored, and used | |
| 11 | <input checked="" type="radio"/> In <input type="radio"/> Out | Food obtained from approved source | | Compliance with variance/specialized process/HACCP | | | |
| 12 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Food received at proper temperature | | 24 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Compliance with variance/specialized process/HACCP | |
| 13 | <input checked="" type="radio"/> In <input type="radio"/> Out | Food in good condition, safe, and unadulterated | | | | | |
| 14 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | Required records available: shellstock tags, parasite destruction | | | | | |

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

Food Establishment Inspection Report

Establishment: Midland Inn Establishment #: 0221

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat/Santi-Bucket PPM: 200/100



| TEMPERATURE OBSERVATIONS | | | | | |
|--------------------------|-------|---------------------|-------|--------------------|-------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| True 1 door make table | 40.2° | 2 door salad cooler | 42.1° | Pulled PORK (w/IT) | 40.8° |
| " 3 " " " | 39.1° | Make table (island) | 40.4° | | |
| Sliced Tomatoes | 40.2° | Bottom | 38.9° | | |
| Taco make table | 41.5° | Queso | 47.7° | | |
| Sour Cream | 40.0° | Auto Steam Hot Hold | 237° | | |
| Chicken Chunks | 40.4° | Walk-in cooler | 40.6° | | |
| Lettuce | 41.9° | Cooked Rice | 40.6° | | |
| Salsa | 41.2° | Taco Meat | 39.5° | | |
| 2 Door True Fridge | 33.3° | Italian Beef | 40.0° | | |

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 Santi bucket in kitchen. Observed at 100 ppm. Corrected to 200 ppm. COS. |
| #18 | Provide proper cooling temperature for boneless chicken breast. Observed off the grill @ 147°F. Reheated to 165°F. COS |
| #55 | Clean floor to wall at West end of cookline next to deep fryers. Grease. Correct by NRI |
| #49 | Clean interior bottom of Keg cooler. Mildew. Correct by NRI |
| #55 | Clean shelving in True 2 door salad cooler. Correct by NRI |
| #55 | Clean floor under wire racks on South end of cooler. Food debris. (NRI) |
| #55 | Clean floor to wall under dry storage shelves. Clutter. (Correct by NRI) |
| #44 | Store ice scoops in the ice with handles up or in separate, cleanable containers. Observed on unclean surface. Re-washed. COS |

CFPM Verification (name, expiration date, ID#):
Dominic Calafetti
#15371896
exp. 7/25/22

HACCP Topic: Hand washing, Cooling Temps., Cooling Procedure 3

Dominic Calafetti 3/1/19
 Person in Charge (Signature) Date

Anthony Williams Bittangones
 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____