

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	5/14/19
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	9:50 AM
Moody Muskie's Boat Bar & Grill		1150	Permit Holder	DAR Kinkaid Investors, Inc.		
Street Address			Purpose of Inspection	Two-week (Routine)		
2063 Marina Rd			Risk Category	I		
City/State	Murphysboro, IL	ZIP Code	62966			

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			16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			Time/Temperature Control for Safety			
Employee Health							
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
4	<input checked="" type="radio"/> In, <input type="radio"/> Out			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Proper use of restriction and exclusion			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		<input checked="" type="checkbox"/>
5	<input checked="" type="radio"/> In, <input type="radio"/> Out			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		<input checked="" type="checkbox"/>
	Procedures for responding to vomiting and diarrheal events			23	<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/A, <input type="radio"/> N/O			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use			Consumer Advisory			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			Highly Susceptible Populations			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
	Hands clean and properly washed			Food/Color Additives and Toxic Substances			
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Conformance with Approved Procedures			
	Adequate handwashing sinks properly supplied and accessible			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Approved Source							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			GOOD RETAIL PRACTICES			
	Food obtained from approved source			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			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			
	Food received at proper temperature			Safe Food and Water			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			30			
	Food in good condition, safe, and unadulterated			31			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			32			
	Required records available: shellstock tags, parasite destruction			Food Temperature Control			

Compliance Status		COS	R	Compliance Status		COS	R
Proper Use of Utensils							
30				43			
	Pasteurized eggs used where required			44			
31				45	<input checked="" type="checkbox"/>		
	Water and ice from approved source			46			
32				Utensils, Equipment and Vending			
	Variance obtained for specialized processing methods			47			
Food Identification							
33				48			
	Proper cooling methods used; adequate equipment for temperature control			49			
34				Physical Facilities			
	Plant food properly cooked for hot holding			50			
35				51			
	Approved thawing methods used			52			
36				53			
	Thermometers provided & accurate			54			
Prevention of Food Contamination							
37				55	<input checked="" type="checkbox"/>		
	Food properly labeled; original container			56			
38				Employee Training			
	Insects, rodents, and animals not present			57			
39	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	58			
	Contamination prevented during food preparation, storage and display						
40							
	Personal cleanliness						
41							
	Wiping cloths: properly used and stored						
42							
	Washing fruits and vegetables						

Food Establishment Inspection Report

Establishment: Moody Muskie's Boat Bar & Grill Establishment #: 1150

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 50/100



TEMPERATURE OBSERVATIONS			
Item/Location	Temp	Item/Location	Temp
Walk-In cooler	37.2°	Large make Table	32.4°
Salad make table		◦ diced tomatoes	36.0°
◦ lower	38°	◦ diced ham	38.9°
◦ upper	41°	◦ hash brown	38.4
Masterbilt 2-door	45.6°	Under heat lamp	
◦ cheese	43.9°	Bacon	99.1
Bar cooler 2-door	32.8°	Sausage patty	126°
Walk-In beer cooler	40.8°		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
21	Provide proper hot holding temperature (135°F or above) for all TCS products (bacon and sausage patties). Upon inspection containers sitting under heat lamp while covered. Products should be left uncovered so heat lamps can function properly.	COS
22	Provide proper cold holding temperature (41°F or below) for all TCS products (items under refrigeration). Upon inspection ambient air temperature 45.6°F and product temperature (cheese) 43.9°F. Adjusted unit down.	COS
39	Refrain from storing raw product above/next to Ready-to-eat products under refrigeration. Upon inspection raw beef being stored with hot dogs and above other ready-to-eat products.	COS
45	Refrain from storing single-serve products and fryer oil on the floor throughout facility.	NRI
55	Eliminate the presence of water on the floor in the outside walk-in cooler. Unable to identify where water is coming from. <u>Note</u>	↓
	*Would recommend that facility keeps a refrigeration log.	

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

Leann Aaron cert# 01711184 exp: 5/4/2021			
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HACCP Topic: 21, 22, 8

LeAnn R. Aaron 5-14-19
Person in Charge (Signature) Date

Buttomy Jones Follow-up: Yes No (Check one) Follow-up Date: _____
Inspector (Signature)