

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	5/8/19
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:30pm
Establishment	License/Permit #	Permit Holder	Risk Category		
Newell House	886	Chris Daly / Aaron Chapman	I		
Street Address		Purpose of Inspection			
201 E. Main St.		Routine			
City/State	ZIP Code				
Carbondale, IL	62901				

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
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				Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		X
	Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized		
Employee Health							
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			Time/Temperature Control for Safety			
	Proper use of restriction and exclusion			18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out				Proper reheating procedures for hot holding		
	Procedures for responding to vomiting and diarrheal events			19	<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/O			20	<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				Proper cooling time and temperature		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	No discharge from eyes, nose, and mouth				Proper hot holding temperatures		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Hands clean and properly washed				Proper cold holding temperatures		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<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				Proper date marking and disposition		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
	Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Consumer Advisory			
	Food obtained from approved source			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
12	<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		
	Food received at proper temperature			Highly Susceptible Populations			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
	Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered		
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Food/Color Additives and Toxic Substances			
	Required records available: shellstock tags, parasite destruction			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		
				Conformance with Approved Procedures			
				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
Safe Food and Water							
30	Pasteurized eggs used where required			Proper Use of Utensils			
31	Water and ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			Utensils, Equipment and Vending			
36	Thermometers provided & accurate			47	<input checked="" type="radio"/> X Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
Food Identification							
37	Food properly labeled; original container			48	Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination							
38	Insects, rodents, and animals not present			49	<input checked="" type="radio"/> X Non-food contact surfaces clean		X
39	Contamination prevented during food preparation, storage and display			Physical Facilities			
40	Personal cleanliness			50	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored			51	Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables			52	Sewage and waste water properly disposed		
				53	Toilet facilities: properly constructed, supplied, & cleaned		
				54	Garbage & refuse properly disposed; facilities maintained		
				55	<input checked="" type="radio"/> X Physical facilities installed, maintained, and clean		X
				56	<input checked="" type="radio"/> X 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: Newell House Establishment #: 886

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach / QUAT PPM: 50/100* Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
2-door produce cooler	40.7°	3-door Make Table (East)	36.5°	Cooked Rice	206°
True 3-door make table (W)	34.4°	◦ Red peppers	40.8°	Gumbo	153°
◦ boiled eggs	38.8°	◦ Red onions	40.5°		
◦ diced tomato	31.3°	Single door make table	38.7°	Downstairs Bar	
Traulsen 4-door freezer	1.5°	◦ Sliced tomato	40.7°	2-door cooler (storage)	36.4°
True glass-door fridge	40.5°			3-door cooler @ bar	28.8°
Traulsen 4-door freezer	4.1°				
Traulsen 4-door cooler	38.7°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
116	Provide proper sanitizer concentration (QUAT = 200-300 ppm) for sanitizer buckets in kitchen during food preparation. Observed at concentrations of 0-100 ppm.	COS
47	Remove duct table from handle of chest freezer across from dish machine. All materials must be non-absorbant and easily cleanable.	NRI
49	Clean interior top and bottom of all 3 make tables in the kitchen. Food debris noted.	
49	Clean exterior of stove and flat top grill in cookline. Food splatter / debris noted.	
49	Clean exterior top and interior of Vulcan (Em) Vulcan oven. Food debris / burnt food debris noted.	
49	Clean table top under flat top grill. Excessive food debris build-up noted.	
49	Clean sides of equipment next to fryer. Grease build-up noted.	
49	Clean interior of black Emerson microwave. Food debris noted.	

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

Brenda Ware 17002934 exp: 10/2023	Katelyn Cunningham 2706651 exp: 12/2019	Cameron Beardsky L&SC-2-011956-Test exp: 6/2023 BIB	
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HACCP Topic: _____

Person in Charge (Signature) _____ Date 5/8/19

Inspector (Signature) Butt... Follow-up: Yes No (Check one) Follow-up Date: _____

