

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	1/22/19
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	3:20
Street Address			Permit Holder	Blake Turpin		
City/State		ZIP Code	Risk Category	II		
Papa John's		919	Purpose of Inspection	Routine		
602 E Grand Ave		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

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, N/A, 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, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
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, N/A, N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper cold holding temperatures			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
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, N/A		
12	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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, 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, N/A, 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, N/A		
				Food additives: approved and properly used			
Conformance with Approved Procedures							
29	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			Toxic substances properly identified, stored, and used			
				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"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
Food Identification							
37	Food properly labeled; original container			48	<input checked="" type="radio"/> Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination							
38	Insects, rodents, and animals not present			49	<input checked="" type="radio"/> Non-food contact surfaces clean		<input checked="" type="radio"/>
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		
Employee Training							
57	All food employees have food handler training			53	Toilet facilities: properly constructed, supplied, & cleaned		
58	Allergen training as required			54	Garbage & refuse properly disposed; facilities maintained		
Physical Facilities							
55	<input checked="" type="radio"/> Physical facilities installed, maintained, and clean			55	<input checked="" type="radio"/> Physical facilities installed, maintained, and clean		<input checked="" type="radio"/>
56	<input checked="" type="radio"/> Adequate ventilation and lighting; designated areas used			56	<input checked="" type="radio"/> Adequate ventilation and lighting; designated areas used		

Food Establishment Inspection Report

Establishment: Papa John's Establishment #: 919
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Quat PPM: 300 Heat: R/A

TEMPERATURE OBSERVATIONS								
Item/Location		Temp	Item/Location		Temp	Item/Location		Temp
Make table		45°F						
Walkin Cooler		39°F						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
55	Clean fan shroud on refrigeration unit in walkin. Remove excessive dust
49	Clean shelving in walkin cooler. Dust noted.
55	Clean excessive dust from rear portion of walkin cooler.
55	Clean dust from venthood filters & pizza oven area.
47	Repair/replace broken drawer & utensil storage & dough prep area.
22	Provide cold holding temp (41°F or less) for bottom portion of pizza prep make table. Upon inspection product & ambient came @ 45°F * Note: • Continue to follow proper labeling procedures for all PHF/ICS product once item is removed from its original packaging.

CFPM Verification (name, expiration date, ID#):
Blake Turpin
 Writing on # from Service

HACCP Topic:

Blake Turpin
 Person in Charge (Signature) Date: 1/22/19

[Signature]
 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 1/23/19



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	<u>Papa John's</u>
Orig. Inspection Date	<u>1/23 1/22/19</u>
Owner/Operator	

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
	* Corrected Violations:	
	<u>22</u>	<u>1/23/19</u>
	* Note:	
	<u>Remaining five violations will be rechecked on</u>	
	<u>1/30/19.</u>	

Date 1/23/19

Time 11:05

Received by [Signature]

Sanitarian [Signature]

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: _____



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Papa John's
Orig. Inspection Date	1/22/19
Owner/Operator	Marissa Robertson

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
	* Corrected Violations:	
	55, 49, 55, 55, 47	1/30/19
	*Note:	
	o Good job on cleaning. Continue w/ a routine cleaning schedule for facility. Also continue monitoring pizza prep unit.	

Date 1/30/19

Time 11:20

Received by [Signature]

Sanitarian [Signature]

NOTICE TO CORRECT VIOLATIONS

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Date Issued: _____

Owner/Operator: _____

Sanitarian: _____