

# 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 <input type="radio"/>	Date <u>4/17/16</u>
Establishment <u>Pats BBQ</u>		License/Permit # <u>406</u>	No. of Repeat Risk Factor/Intervention Violations <input type="radio"/>	Time In <u>11:00</u>
Street Address <u>111 Tower Rock Rd</u>			Permit Holder <u>Patty Welton</u>	Time Out <u>11:30</u>
City/State <u>Murphysboro</u>		ZIP Code <u>62966</u>	Purpose of Inspection <u>Routine</u>	Risk Category <u>I</u>

## 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
<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 <input type="radio"/> 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 <input type="radio"/> 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 <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		
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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" 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 type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Required records available: shellstock tags, parasite destruction		

Compliance Status	COS	R
<b>Protection from Contamination</b>		
15 <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Food separated and protected		
16 <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> 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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures		
19 <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper reheating procedures for hot holding		
20 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperature		
21 <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper hot holding temperatures		
22 <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cold holding temperatures		
23 <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> 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 type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>		
26 <input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>		
27 <input type="radio"/> In <input type="radio"/> Out <input checked="" 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		
<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
<b>Safe Food and Water</b>		
30 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Pasteurized eggs used where required		
31 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Water and ice from approved source		
32 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>		
33 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cooling methods used; adequate equipment for temperature control		
34 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Plant food properly cooked for hot holding		
35 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Approved thawing methods used		
36 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Thermometers provided & accurate		
<b>Food Identification</b>		
37 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Food properly labeled; original container		
<b>Prevention of Food Contamination</b>		
38 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Insects, rodents, and animals not present		
39 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Contamination prevented during food preparation, storage and display		
40 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Personal cleanliness		
41 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Wiping cloths: properly used and stored		
42 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Washing fruits and vegetables		

Compliance Status	COS	R
<b>Proper Use of Utensils</b>		
43 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
In-use utensils: properly stored		
44 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Utensils, equipment & linens: properly stored, dried, & handled		
45 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Single-use/single-service articles: properly stored and used		
46 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Gloves used properly		
<b>Utensils, Equipment and Vending</b>		
47 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Food and non-food contact surfaces cleanable, properly designed, constructed and used		
48 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Warewashing facilities: installed, maintained, & used; test strips		
49 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Non-food contact surfaces clean		
<b>Physical Facilities</b>		
50 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Hot and cold water available; adequate pressure		
51 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Plumbing installed; proper backflow devices		
52 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Sewage and waste water properly disposed		
53 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Toilet facilities: properly constructed, supplied, & cleaned		
54 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Garbage & refuse properly disposed; facilities maintained		
55 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Physical facilities installed, maintained, and clean		
56 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Adequate ventilation and lighting; designated areas used		
<b>Employee Training</b>		
57 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
All food employees have food handler training		
58 <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Allergen training as required		

# Food Establishment Inspection Report

Establishment: Pat's BBQ Establishment #: 406  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Bleach PPM: 100 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	37°F	Buns/Warmer #1	160°F		
True 2-Door	39°F	Warmer #2	147°F		
True 2-Door	36°F	Steam Table/BBQ	150°F		
Coke Cooler	36°F				
Truelsen 2-Door	38°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	* Corrected Violations:
	2
	* New Violations:
40	Provide hair restraints for all employees in kitchen when food is being prepared + served. (CAT)

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

Suanita Kimmell (PIC)			
160581 x 11/21			

HACCP Topic: 2122

Cindy Capple \_\_\_\_\_ 7/17/19  
 Person in Charge (Signature) Date

Inspector (Signature) \_\_\_\_\_ Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_