

Food Establishment Inspection Report

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|---|--|---|--|---|----------------------|---------|----------|
| 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 | 4/22/19 |
| Establishment Pizza King | | License/Permit # 260 | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 10:30 AM |
| Street Address 308 S. Illinois Ave. | | City/State Carbondale IL | | Permit Holder | Curtis Conley | | |
| ZIP Code 62901 | | Purpose of Inspection Routine | | Risk Category | II | | |

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 | Description | COS | R | Compliance Status | Description | COS | R |
|--|--|-----|---|--|--|-----|---|
| Supervision | | | | | | | |
| 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized | X | |
| Employee Health | | | | | | | |
| 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 | | | Time/Temperature Control for Safety | | | |
| 5 | <input checked="" type="radio"/> In, <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events | | | 18 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooking time and temperatures | | |
| Good Hygienic Practices | | | | | | | |
| 6 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use | | | 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 | | |
| 7 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O No discharge from eyes, nose, and mouth | | | 20 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooling time and temperature | | |
| Preventing Contamination by Hands | | | | | | | |
| 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 Proper hot holding temperatures | | |
| 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 | | | 22 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cold holding temperatures | | |
| 10 | <input checked="" type="radio"/> In, <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible | | | 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 | | |
| Approved Source | | | | | | | |
| 11 | <input checked="" type="radio"/> In, <input type="radio"/> Out Food obtained from approved source | | | 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 | | |
| 12 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Food received at proper temperature | | | Consumer Advisory | | | |
| 13 | <input checked="" type="radio"/> In, <input type="radio"/> Out Food in good condition, safe, and unadulterated | | | 25 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food | | |
| 14 | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction | | | Highly Susceptible Populations | | | |
| 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 | | | | | | | |
| 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 | 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"/> Non-food contact surfaces clean | | |
| 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 | | |

Food Establishment Inspection Report

Establishment: Pizza King Establishment #: 2160
 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 | |
| Walk-in cooler | 40.6° | | | | |
| Refrigerator | 38.1° | | | | |
| Fish (hot hold) | 167.2° | | | | |
| SOUP | 183.5° | | | | |
| * Shredded lettuce | 47.4° | | | | |
| * Tomatoes (sliced) | 45.6° | | | | |
| * See notes. | | | | | |

| OBSERVATIONS AND CORRECTIVE ACTIONS | | |
|-------------------------------------|---|-----|
| Item Number | Violations cited in this report must be corrected within the time frames below. | |
| 16 | Clean lines running through ice bin at east end of the bar. Mold/mildew noted. | COS |
| 16 | Clean Founders KBS beer tap at bar. Film build-up noted. | COS |
| 49 | Clean shelving on east side of walk-in cooler. Mold noted. | NR! |
| 49 | Clean fan strazuds of refrigeration unit in walk-in cooler. Dust build-up noted. | ↓ |
| 55 | Clean flooring at east side of walk-in cooler (under shelving). | |
| 55 | Clean flooring under soda boxes at bar. and ^{and} Syrup + dust/dirt debris noted. | |

Notes
 * Produce was freshly chopped/slice upon inspection. As of January 1st, 2019 shredded lettuce + sliced tomatoes must be kept at 41°F or discarded every 4 hours.
 * Installing new stove, hand sink must be made more ~~ext~~ ^{ext} accessible.

| | | | |
|---|--|--|--|
| CFPM Verification (name, expiration date, ID#): | | | |
| Lisa Fenton Cert# 01678277 exp: 6/20 | Donald J Hinkle cert# 21492361 exp: 8/23 | | |
| HACCP Topic: | | | |

Lisa Fenton _____ Date: 4/22/19
 Person in Charge (Signature)

Brentley Jones / Stephen E. Williams _____
 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____