

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 0	Date <u>2/20/19</u>
Establishment <u>Rule of Pie</u>		License/Permit # <u>983</u>	No. of Repeat Risk Factor/Intervention Violations 0	Time In <u>1:50 pm</u>
Street Address <u>1308 Walnut St.</u>		City/State <u>Murphysboro, IL</u>	Permit Holder <u>Miranda Staples</u>	Time Out <u>2:45 pm</u>
City/State <u>Murphysboro, IL</u>		ZIP Code <u>62946</u>	Risk Category <u>II</u>	Purpose of Inspection <u>Routine</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	Item	Description	COS	R
Supervision				
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)		
Employee Health				
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		
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		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
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		
Approved Source				
11	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food obtained from approved source		
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		
13	<input checked="" type="radio"/> In, <input type="radio"/> Out	Food in good condition, safe, and unadulterated		
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		

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

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

Food Establishment Inspection Report

Establishment: Rule of Pie Establishment #: 983

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: QUAT PPM: ≈ 200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
2-door standing refrigerator	34.6°F				
2-door under counter cooler	27.1°F				
Dairy cooler (coffee station)	33.5°F				
Pastry Case	40.6°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
	Corrected violations: 22, 22	
1355 BM	Repair toilet in women's restroom to flush properly. Correct by NRI. Note * Currently sanitizer is set at bare minimum. Would recommend increasing concentration to manufacturer's suggested maximum. Would recommend checking concentration of sanitizer buckets when filling up until unit is adjusted.	NRI

CFPM Verification (name, expiration date, ID#):
 Hannah Hill
 Cert No. 15067860
 Exp: 5/22

HACCP Topic: 16, 22,

Hannah Hill Date: 2/20/19
 Person in Charge (Signature)

Britten Jones Follow-up: Yes No (Check one)
 Inspector (Signature)

Follow-up Date: FRI