

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	8/22/19	
Establishment Scratch Brewing Co.		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:40 pm	
Street Address 264 Thompson Rd		City/State Ava, IL		Permit Holder	Aaron Kleidon		Time Out	4:40 pm
ZIP Code 62907		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		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 type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/O		
Hands clean and properly washed			
9	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" 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
Protection from Contamination			
15	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
Food separated and protected			
16	<input type="radio"/> In, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures			
19	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" 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 checked="" type="radio"/> N/A, <input type="radio"/> N/O		
Proper cooling time and temperature			
21	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O		
Time as a Public Health Control; procedures & records			
Consumer Advisory			
25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
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			
Conformance with Approved Procedures			
29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" 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
Safe Food and Water			
30	<input type="checkbox"/> X		
Pasteurized eggs used where required			
31	<input type="checkbox"/> X		
Water and ice from approved source			
32	<input type="checkbox"/> X		
Variance obtained for specialized processing methods			
Food Temperature Control			
33	<input type="checkbox"/> X		
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="checkbox"/> X		
Plant food properly cooked for hot holding			
35	<input type="checkbox"/> X		
Approved thawing methods used			
36	<input type="checkbox"/> X		
Thermometers provided & accurate			
Food Identification			
37	<input type="checkbox"/> X		
Food properly labeled; original container			
Prevention of Food Contamination			
38	<input checked="" type="checkbox"/> X		
Insects, rodents, and animals not present			
39	<input checked="" type="checkbox"/> X		
Contamination prevented during food preparation, storage and display			
40	<input type="checkbox"/> X		
Personal cleanliness			
41	<input type="checkbox"/> X		
Wiping cloths: properly used and stored			
42	<input type="checkbox"/> X		
Washing fruits and vegetables			

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

Food Establishment Inspection Report

Establishment: Scratch Brewing Co. Establishment #: 933

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: SPA - none - PPM: _____



TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Avantco cooler	36.8°						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
16	Provide testable sanitizer for all food contact dishes/surfaces in this facility. STAR SAN is not an approved chlorine/iodine/ <u>QUAT</u> based sanitizer.	COS
38	Repair/Replace all screen in the pizza/bread stove area to prevent the entrance of pests. This area must remain covered/screened in at all times.	NRI
39	Refrain from using bowls as scoops for bulk flour container. Scoop with handle must be utilized to prevent potential contamination.	
49	Clean all ceiling vents in both main rooms of facility. Dust build-up noted.	
49	Clean black film/mold build up from pipes below 3-comp. sink in kitchen.	
48	Provide test strips for proper sanitizer utilized in kitchen and bar at 3-compartment sinks.	
55	Clean window alc unit in beer fermentation room. Excessive build-up	✓

CFPM Verification (name, expiration date, ID#):
 Adriane Koontz #21185335 exp: 1/2021

HACCP Topic: _____

[Signature] Person in Charge (Signature) 8/22/19 Date

[Signature] Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____

Food Establishment Inspection Report

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OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
55	Clean both bathroom floors in main building. Pooled dirty water observed along wall. Unsure of water source.	N/A
55	Seal all gaps in dry wall (wall and floor). Currently exposed insulation, gaps in dry wall, and no floor baseboard.	↓
	<u>Notes</u>	
	* Pizza oven area must be completely sealed & cleaned on a routine basis. Currently large opening in screen, screened window missing, doors being kept open with gaps between door and floor. This area must be thoroughly cleaned. Birds nest, excessive spider webs, dirt & dust noted	

AM
Person in Charge (Signature)

[Signature] / SW
Inspector (Signature)

8/22/19
Date

Follow-up: Yes No (Check one)

Follow-up Date: _____