

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	2	Date	1/4/18
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:30
Street Address			Permit Holder	Toni Cook	Time Out	11:20
City/State		ZIP Code	Purpose of Inspection	Routine	Risk Category	
Subway - West		783	II			
1201 W Main St						
Carbondale		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 <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		X
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 <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A <input type="radio"/> N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> 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 <input type="radio"/> N/A <input type="radio"/> N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A <input type="radio"/> N/O		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Time as a Public Health Control; procedures & records			
Food obtained from approved source				Consumer Advisory			
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food received at proper temperature				Consumer advisory provided for raw/undercooked food			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			Highly Susceptible Populations			
Food in good condition, safe, and unadulterated				26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered			
Required records available: shellstock tags, parasite destruction				Food/Color Additives and Toxic Substances			
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				Proper Use of Utensils			
Pasteurized eggs used where required				43			
31				In-use utensils: properly stored			
Water and ice from approved source				44			
32				Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45			
Food Temperature Control							
33				Single-use/single-service articles: properly stored and used			
Proper cooling methods used; adequate equipment for temperature control				46			
34				Gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35				47			
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36				48			
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37				49			
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
38				Physical Facilities			
Insects, rodents, and animals not present				50			
39				Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display				51			
40				Plumbing installed; proper backflow devices			
Personal cleanliness				52			
41				Sewage and waste water properly disposed			
Wiping cloths: properly used and stored				53			
42				Toilet facilities: properly constructed, supplied, & cleaned			
Washing fruits and vegetables				54			
				Garbage & refuse properly disposed; facilities maintained			
				55			
				Physical facilities installed, maintained, and clean			
				56			
				Adequate ventilation and lighting; designated areas used			
Employee Training							
57				All food employees have food handler training			
58				Allergen training as required			

Food Establishment Inspection Report

Establishment: Subway West Establishment #: 783

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 400ppm Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin Cooler	38°F	Soup	145°F		
Duke 2-Door	36°F	Meatballs	140°F		
2-Door Sauce/Veggie	49°F				
Make line	40°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number Violations cited in this report must be corrected within the time frames below.

- 16 Provide proper sanitizer concentration (150-400ppm) for wiping cloth buckets throughout facility, to allow proper sanitizing of clean in place food contact surfaces.
- 22 Provide proper cold holding temp (41°F or less) for all PHF/TCS product in sauce/veggie 2-door refrigeration unit. Upon inspection ambient air temp @ 49°F + product @ 45°F-49°F. All product out of temp discarded.

***Note**
 • Continue to monitor 3-comp sink sanitizer concentration. If it is found @ improper concentrations your food service permit will be suspended immediately. Upon inspection dispenser not functioning properly. If this was not be properly monitored + found too high your permit would have be suspended.

CFPM Verification (name, expiration date, ID#):
 Toni Cook
 11430259 x 8/19

HACCP Topic: 16, 22, 8

Toni Cook 1-14-19
 Person in Charge (Signature) Date

[Signature] Follow-up: Yes No (Check one) Follow-up Date: 1/15/19
 Inspector (Signature)



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Subway - West
Orig. Inspection Date	1/14/19
Owner/Operator	Toni Cook

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:	
	22, 16	1/15/19
	*Note:	
	- Refrigeration unit @ 36.7°F	

Date 1/15/19

Time 3:30

Received by *L. Pollard*

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: _____