

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>2/22/19</u>
Establishment <u>Sunny Street Cafe</u>		License/Permit # <u>1030</u>	No. of Repeat Risk Factor/Intervention Violations 0	Time In <u>9:55 AM</u>
Street Address <u>900 E Walnut St</u>			Permit Holder <u>Charles Cresco</u>	Time Out
City/State <u>Carbondale</u>		ZIP Code <u>62901</u>	Purpose of Inspection <u>Routine</u>	Risk Category <u>II</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	Compliance Status		COS	R
Supervision				Protection from Contamination			
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		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				Time/Temperature Control for Safety			
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			18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	<input checked="" type="radio"/> In <input type="radio"/> Out			19	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures			
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
No discharge from eyes, nose, and mouth				Proper cold holding temperatures			
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<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				Proper date marking and disposition			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records			
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Conformance with Approved Procedures			
Food received at proper temperature				26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
13	<input checked="" type="radio"/> In <input type="radio"/> Out			Compliance with variance/specialized process/HACCP			
Food in good condition, safe, and unadulterated				27	<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			Food additives: approved and properly used			
Required records available: shellstock tags, parasite destruction				28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
				Toxic substances properly identified, stored, and used			

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				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	<input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	<input checked="" type="checkbox"/> Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display		<input checked="" type="checkbox"/>	53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used and stored			55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		
42	Washing fruits and vegetables			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: Sunny Street Cafe Establishment #: 1030
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Bleach / QUAT PPM: 50 / 200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk in cooler	34.7	Single door Delfield (Front)	39.2°F	Bacon (on grill hold)	140.6°F
Delfield single-door (Kitchen)	29°F	Egg Station Make Table		SOUP (Front counter hold)	178°F
Make Table (French toast)		• Eggs (whole)	36.5°F	Gravy (near window hold)	170.8°F
- under cooler	37.6°F	• Sausage patty	33.2°F		
- canadian Bacon	33.4°F	• underneath	41.6°F		
Make Table (near window)					
- shredded cheese	40.2°F				
- under cooler	37.2°F				
2-door Delfield (Front)	31.1°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
39	Refrain from storing any raw products (egg mixture) above any RTE product (sauerkraut) in the French toast make table. Raw should always be below ready to eat products to prevent contamination.	COS
39/55	Repair refrigeration unit in walk-in freezer to eliminate the formation of ice. Currently ice forming on food products below the unit. Products should not be stored under the unit until it is repaired.	PRI
47	Replace all damaged utensils with plastic handles. Several utensils with melted handles noted throughout kitchen. These are no longer smooth and easily cleanable.	
55	Repair make table at front window to eliminate excessive water puddling in the unit. Upon inspection water pooling in interior bottom.	
49	Clean vent hoods and filters. Upon inspection grease build-up noted. Cleaning of filters needs to be done on a more routine basis.	
49	Clean cabinet under the soda fountain. Excessive syrup/soda build-up noted.	

CFPM Verification (name, expiration date, ID#):
Charles D. Crisco (PIC)
21263987
8/2021

HACCP Topic: 15, 8

Person in Charge (Signature) _____ Date 2/22/19
 Inspector (Signature) Buttrey Jones Follow-up: Yes No (Check one) Follow-up Date: PRI

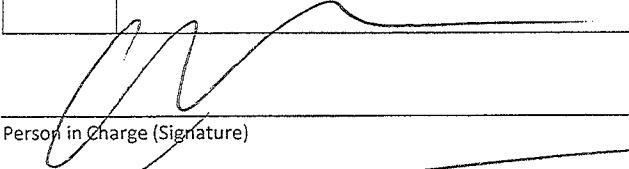
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Establishment: Sunny Street Cafe

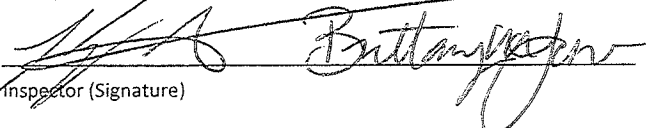
Establishment #: 1030

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
A9	Clean the outside of the dish machine. When cleaning, pay <u>NRI</u> closer attention to small details.
	<u>Note</u>
	* Work order for refrigeration unit needs to be supplied to the Health dept. within 30 days of inspection.


Person in Charge (Signature)

2/22/19
Date


Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: NRI