

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 2/20/19
Establishment Tequila's Mexican Restaurant		License/Permit # 777	No. of Repeat Risk Factor/Intervention Violations 0	Time In 9:50am
Street Address 100 N. Glenview			Permit Holder Miguel Ruiz	Time Out 11:25am
City/State Carbondale, IL		ZIP Code 62901	Risk Category I	
			Purpose of Inspection Routine	

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				17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Time/Temperature Control for Safety			
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				20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Proper cooling time and temperature			
Proper eating, tasting, drinking, or tobacco use				21	<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 hot holding temperatures			
No discharge from eyes, nose, and mouth				22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Preventing Contamination by Hands				Proper cold holding temperatures			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <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		<input checked="" type="checkbox"/>
Hands clean and properly washed				Proper date marking and disposition			
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			24	<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				Time as a Public Health Control; procedures & records			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Consumer Advisory			
Adequate handwashing sinks properly supplied and accessible				25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Approved Source				Consumer advisory provided for raw/undercooked food			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Highly Susceptible Populations			
Food obtained from approved source				26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
12	<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			
Food received at proper temperature				Food/Color Additives and Toxic Substances			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			
GOOD RETAIL PRACTICES				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 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

		COS	R			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	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				Employee Training			
57	All food employees have food handler training			57	All food employees have food handler training		
58	Allergen training as required			58	Allergen training as required		

Food Establishment Inspection Report

Establishment: Tequila's Mexican Restraunt Establishment #: 777

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: ≈ 50 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Beer cooler (sliding door)	37.8°		Steam table		
Walkin cooler	40.8°		• Ranchero sauce	171°F	
• shredded chicken	39.6°		• Taco meat (beef)	201°F	
• Cheesedip	38.4°		• Shredded Chicken	188°F	
Single door freezer (kitchen)	0.1°F		Stove/reheating		
2-door commercial refrigerator	40.5°		• Refried beans	171°F	
Traulson make table	35.9°		• Cooked Rice	202°F	
• sliced tomatoes	38.3°		• Cheese Dip (^{hold} hot hold)	167.2°F	
• sour cream	35.5°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
23	Label all opened packages of hot dogs, deli meats, etc. with date the package was opened. 7 Day maximum hold in refrigerated state. Product was discarded.	COS
2	Provide Certified Food Protection Manager to supervise kitchen anytime food is being prepared. Correct by 3/6/19	3/6/19
39	Keep pans of food covered in 2-door commercial refrigerator in kitchen.	COS
49	Clean table top under the flat top grill in the kitchen nightly. Food debris noted. Correct by ART (3/6/19).	3/6/19
55	Clean floor under soda box ^{BPM} shelving (syrup box). Food debris noted.	3/6/19
<p>Notes</p> <p>* Hair cooler not in use at time of inspection.</p>		

CFPM Verification (name, expiration date, ID#):

<p>Miguel Miguel Ruiz, Pam Cert No. 00154733 Exp: 9/19</p>	<p>Pam Ruiz, Miguel Cert No. 01639557 Exp: 4/19</p>
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HACCP Topic: Reheating temperatures, handwashing

Felix Melchor _____ Date: 2/20/19
 Person in Charge (Signature)

Bethany Agnes / Stephen E. Williams _____
 Inspector (Signature)

Follow-up: Yes No (Check one) Follow-up Date: 3/6/19



JACKSON COUNTY HEALTH DEPARTMENT
RECHECK INSPECTION/NOTICE TO CORRECT

Establishment	Tequila's Mexican Restraunt
Orig. Inspection Date	2/20/19
Owner/Operator	Miguel Ruiz

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: 49, 55	
2	Provide certified food protection manager to supervise kitchen anytime food is being prepared. Please provide a copy to the Jackson County Health Dept. of the new certified manager's certificate before the ^{Correction} correct date of Monday, April 8 th , 2019. If no certificate ^{is} is provided to the Health Dept, another re-check visit will ^{will} be performed at your facility.	4/8/19
	Brittany Jones : brittanyj@jchdonline.org (618)-684-3143 ext: 300	

Date 3/6/19
Received by Miguel Ruiz

Time 1:40 pm
Sanitarian Brittany Jones

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: _____