

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	4/15/19
Establishment Thai Taste of Carbondale		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:45 AM
Street Address 100 S. Illinois Ave.			Permit Holder	Jetaime Rachatanavin		
City/State		Carbondale, IL	Purpose of Inspection	Routine		
		ZIP Code	Risk Category	I		
		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				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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" 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 cooling time and temperature			
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 hot 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			Food/Color Additives and Toxic Substances			
Food received at proper temperature				26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			Food additives: approved and properly used			
Food in good condition, safe, and unadulterated				27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
14	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O			Toxic substances properly identified, stored, and used			
Required records available: shellstock tags, parasite destruction				Conformance with Approved Procedures			
				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
				Compliance with variance/specialized process/HACCP			
				29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		

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				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
35	Approved thawing methods used			47	<input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		<input checked="" type="checkbox"/>
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				49	<input checked="" type="checkbox"/> Non-food contact surfaces clean		
37	Food properly labeled; original container			Employee Training			
Prevention of Food Contamination				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	<input checked="" type="checkbox"/> Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	<input checked="" type="checkbox"/> Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		
				56	Adequate ventilation and lighting; designated areas used		

Food Establishment Inspection Report

Establishment: Thai Taste of Carbondale Establishment #: 550

Water Supply: Public Private Waste Water System: Public Private

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

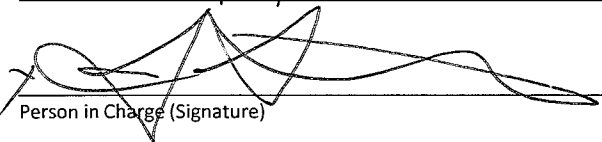
TEMPERATURE OBSERVATIONS			
Item/Location	Temp	Item/Location	Temp
Small make table top AA	34.4°	Rice (warmer)	192°
◦ below AA	28.8°	soup (w/ meat <u>smg</u>)	194°
(L) 2-door true refrigerator	39.8°	Hot + sour soup	194°
(R) 2-door true refrigerator	40.9°	Curry in crockpot	161°
2-door make table (bottom)	37.3°		
◦ Sliced tomatoes	40.1		
WALKIN cooler	38.6°		
3-door fridge	32.7°		
White rice	39.9°		


OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
40	Provide effective hair restraint (ball cap/hair net) for all personnel in the food prep areas and dish room.	COS
41	Provide proper sanitizing solution for all wiping clothes in the kitchen.	5/15/19
49	Clean the exterior sides of equipment in cookline (6-burner stove, deep fryer, and wok line). Excessive grease build-up noted.	NRI
49	Clean interior and exterior of vent hood (including fire suppressant lines). Grease build-up noted.	NRI
55	Clean kitchen floors, floor to wall, paying close attention to areas under equipment and tables. Excessive grease build-up noted.	NRI
47	Replace/Resurface the cutting board on 2-door make table. No longer smooth/easily cleanable. Correct by Wednesday, May 15 th , 2019	5/15/19
Notes		
* Do not store all self service product on floor, must be 6 inches off of floor in storage area.		

CFPM Verification (name, expiration date, ID#):
 Jetaime Rachatanavin
 Cert# 01671581
 exp: 4/20

HACCP Topic: 8, 21, 22

 _____
 Person in Charge (Signature) Date: 4/15/19

 _____
 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 5/15/19



JACKSON COUNTY HEALTH DEPARTMENT
 RECHECK INSPECTION/NOTICE TO CORRECT

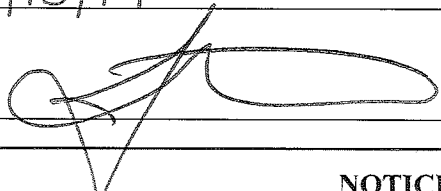
Establishment	<u>Thai Taste of Carbondale</u>
Orig. Inspection Date	<u>4/15/19</u>
Owner/Operator	<u>Jetaime Rachatanavin</u>

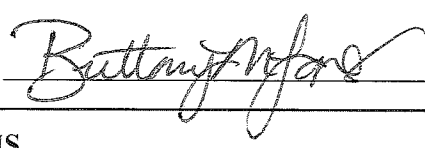
Items below identify violations of the Jackson County Food Service Sanitation Ordinance and State Food Service Regulations that you were ordered to correct:

Item		Correction Date
	<u>Corrected violations: 41, 47</u>	

Date 5/15/19

Time 2:10pm

Received by 

Sanitarian 

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: _____