

# 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 <input type="radio"/>	Date <u>4/24/19</u>
Establishment <u>Tres Hombres</u>		License/Permit # <u>0306</u>	No. of Repeat Risk Factor/Intervention Violations <input type="radio"/>	Time In <u>10:30</u>
Street Address <u>119 North Washington Avenue</u>			Permit Holder <u>Jeff Vaughn</u>	Time Out <u>11:50</u>
City/State <u>Carbondale, Illinois</u>		ZIP Code <u>62901</u>	Risk Category <u>I</u>	
Purpose of Inspection				

## 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
<b>Supervision</b>							
1	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			15	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A			16	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			17	<input checked="" type="radio"/> In <input checked="" 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 checked="" type="radio"/> Out			<b>Time/Temperature Control for Safety</b>			
Proper use of restriction and exclusion				18	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
5	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
7	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, 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 checked="" type="radio"/> Out, N/A, N/O		
10	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			<b>Consumer Advisory</b>			
Food obtained from approved source				25	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A		
12	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			Consumer advisory provided for raw/undercooked food			
Food received at proper temperature				<b>Highly Susceptible Populations</b>			
13	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			26	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A		
Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered			
14	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O			<b>Food/Color Additives and Toxic Substances</b>			
Required records available: shellstock tags, parasite destruction				27	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A		
				Food additives: approved and properly used			
<b>GOOD RETAIL PRACTICES</b>							
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
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>			
31	Water and ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>			
36	Thermometers provided & accurate			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>							
37	Food properly labeled; original container			48	Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, and animals not present			49	Non-food contact surfaces clean		
39	Contamination prevented during food preparation, storage and display			<b>Physical Facilities</b>			
40	Personal cleanliness			50	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored			51	Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables			52	Sewage and waste water properly disposed		
<b>Employee Training</b>							
53	Toilet facilities: properly constructed, supplied, & cleaned			54	Garbage & refuse properly disposed; facilities maintained		
54	All food employees have food handler training			55	Physical facilities installed, maintained, and clean		
55	Allergen training as required			56	Adequate ventilation and lighting; designated areas used		
56				57			
57				58			
58							

# Food Establishment Inspection Report

Establishment: Tres Hombres Establishment #: 0306  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Chlorine PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS			
Item/Location	Temp	Item/Location	Temp
<u>Kitchen</u>		<u>W/I cooler</u>	<u>36.5°</u>
<u>Coca Cola Fridge</u>	<u>26.5°</u>	<u>Black Beans</u>	<u>37.6°</u>
<u>2 Door Make Table</u>	<u>39.2°</u>	<u>Refried Beans</u>	<u>38.2°</u>
<u>Sliced Tomatoes</u>	<u>37.4°</u>		
<u>Sour Cream</u>	<u>36.3°</u>	<u>Beer Walk-In Cooler</u>	<u>35.5°</u>
<u>Stove - Cooked Chicken</u>	<u>197°</u>	<u>Walk-In Freezer</u>	<u>+9.0°</u>
<u>Walk-in Cooler</u>	<u>36.5°</u>	<u>BAR</u>	
<u>Cooked Rice</u>	<u>38.4°</u>	<u>Beer Cooler (with cream)</u>	<u>38.1°</u>
<u>Cooked Chicken</u>	<u>38.5°</u>		
		<u>Small Frigidaire</u>	
		<u>Fridge @ Waitress Area</u>	<u>39.1°</u>
		<u>Kitchen Steam Table</u>	
		<u>Cooked Rice</u>	<u>138.8°</u>
		<u>Refried Beans</u>	<u>147.7°</u>
		<u>Cooked Chicken</u>	<u>190°</u>

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	<u>NO Violations</u>
	<u>Good JOB!</u>

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

Randall Smith  
#15057230  
exp. 4/29/22

HACCP Topic: Handwashing, Glove use

Person in Charge (Signature): [Signature] Date: 4/24/19

Inspector (Signature): Alton E. Williams  
 Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_