

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	4/18/19
		No. of Repeat Risk Factor/Intervention Violations	1	Time In	11:00 AM
Establishment	License/Permit #	Permit Holder		Risk Category	
Von Jakob Vineyard	607	Paul + Rhonda Jacobs		I	
Street Address		Purpose of Inspection			
230 Highway 127		Routine			
City/State	ZIP Code				
Aledo, IL					

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			Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			Certified Food Protection Manager (CFPM)			
Employee Health							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices							
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			Hands clean and properly washed			
9	<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			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Adequate handwashing sinks properly supplied and accessible			
Approved Source							
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Food obtained from approved source			
12	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			Food received at proper temperature			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			Food in good condition, safe, and unadulterated			
14	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O			Required records available: shellstock tags, parasite destruction			
Protection from Contamination							
15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Food separated and protected			
16	<input type="radio"/> In, <input checked="" type="radio"/> Out, <input type="radio"/> N/A			Food-contact surfaces; cleaned and sanitized		X	X
17	<input checked="" type="radio"/> In, <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
Time/Temperature Control for Safety							
18	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			Proper cooking time and temperatures			
19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper cooling time and temperature			
21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper cold holding temperatures			
23	<input type="radio"/> In, <input checked="" type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper date marking and disposition		X	
24	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O			Time as a Public Health Control; procedures & records			
Consumer Advisory							
25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations							
26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances							
27	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Food additives: approved and properly used			
28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			Toxic substances properly identified, stored, and used			
Conformance with Approved Procedures							
29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Compliance with variance/specialized process/HACCP			

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	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Pasteurized eggs used where required			
31	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Water and ice from approved source			
32	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Variance obtained for specialized processing methods			
Food Temperature Control							
33	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Plant food properly cooked for hot holding			
35	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Approved thawing methods used			
36	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Thermometers provided & accurate			
Food Identification							
37	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Food properly labeled; original container			
Prevention of Food Contamination							
38	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Insects, rodents, and animals not present			
39	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Contamination prevented during food preparation, storage and display			
40	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Personal cleanliness			
41	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Wiping cloths: properly used and stored			
42	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Washing fruits and vegetables			
Proper Use of Utensils							
43	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			In-use utensils: properly stored			
44	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Utensils, equipment & linens: properly stored, dried, & handled			
45	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Single-use/single-service articles: properly stored and used			
46	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Gloves used properly			
Utensils, Equipment and Vending							
47	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Non-food contact surfaces clean			
Physical Facilities							
50	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Hot and cold water available; adequate pressure			
51	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Plumbing installed; proper backflow devices			
52	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Sewage and waste water properly disposed			
53	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Toilet facilities: properly constructed, supplied, & cleaned			
54	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Garbage & refuse properly disposed; facilities maintained			
55	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Physical facilities installed, maintained, and clean			
56	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Adequate ventilation and lighting; designated areas used			
Employee Training							
57	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			All food employees have food handler training			
58	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Allergen training as required			

Food Establishment Inspection Report

Establishment: Von Jakob Vineyard Establishment #: 607

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 100



TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
5-door Refrigerator	38.3°						
5-door Freezer	25.1°						
4-door cooler	38.1						
2-door cooler	12.7°						
pork (brought out to slice)	41.6°						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
116	Clean meat slicer. Food debris noted. Make sure that the slicer is broken down completely and cleaned after each use.	COS
23	Provide proper date mark labeling for all TCS products under refrigeration throughout facility. Product label must have product name, date prepared, and 7-day discard date. If you are moving a frozen item into refrigeration, you must date it accordingly. Label should follow from freezer to refrigeration.	COS
48	Provide proper hot water temperature (120°F or greater) for 3-compartment sink at all times. Upon inspection water temperature at 95°F. See note.	NRI
49	Clean table top under castle grill. Food debris noted.	↓
49	Clean table top below flat top grill. Food debris/grease noted.	
49	Clean shelving above 4-door refrigeration unit in kitchen. Grease build-up noted.	
49	Clean top (exterior) and interior bottom of Blodgett oven. Food debris/salt build-up noted.	

CFPM Verification (name, expiration date, ID#):
Robert Rausch
 Cert # 17170348
 exp: 11/23

HACCP Topic: 8, 21, 22

[Signature] Person in Charge (Signature) 4/18/19 Date

[Signature] Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____

Food Establishment Inspection Report

Establishment: Von Jakob Vineyard

Establishment #: 607

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below.	
	<u>Bar area</u>	
49	Clean interior bottom and shelving of GE mini fridge. Wine splash noted.	NRI
49	Clean interior bottom of both white beer tap coolers at beer serving area. Excessive old beer left standing in bottom	↓
	<u>Notes</u>	
	* Hot water at 3-compartment sink needs to be adjusted (120°F or higher). However, if only one water heater for facility this adjustment will not be possible because the public restroom hot water cannot be over 110°.	
	* Upon inspection some items were completely thawed in the 5-door freezer. The temperature of the unit was at 25.1°F. This unit needs to be monitored, there is an apparent issue with it.	

[Signature]
Person in Charge (Signature)

4/18/19
Date

[Signature]
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____