

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 4/15/21
Establishment Big Muddy Fryer		License/Permit # 1045	No. of Repeat Risk Factor/Intervention Violations 0	Time In 12:30
Street Address 9081 Hickory Ridge		City/State Murphysboro, IL	Permit Holder Shari Heine	Time Out 1:15
City/State Murphysboro, IL		ZIP Code 62916	Purpose of Inspection Routine	Risk Category II

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, N/A, 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, N/A			16	<input checked="" type="radio"/> In, <input type="radio"/> Out, 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, N/A, 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, N/A, 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, N/O			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, 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, N/O			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Hands clean and properly washed				Proper cold holding temperatures		
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, 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, N/A, 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, N/A		
	Food obtained from approved source				Consumer advisory provided for raw/undercooked food		
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Conformance with Approved Procedures			
	Food received at proper temperature			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
13	<input checked="" type="radio"/> In, <input type="radio"/> Out				Pasteurized foods used; prohibited foods not offered		
	Food in good condition, safe, and unadulterated			Food/Color Additives and Toxic Substances			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used		
				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
					Toxic substances properly identified, stored, and used		
				Conformance with Approved Procedures			
				29	<input checked="" type="radio"/> In, <input type="radio"/> Out, 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				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="radio"/> X Food and non-food contact surfaces cleanable, properly designed, constructed, and used		<input checked="" type="radio"/> X
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				49	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	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	Physical facilities installed, maintained, and clean		
				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: Big Muddy Fryer Establishment #: 1045
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Chlorine PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Fish	178°				
Burger	190°				
Beans	170°				
Fridge/dairy	35				
Mixer	39				
Fish	34				

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
47	Refrain from using paper towels to absorb excess water on fish. Paper towels are not an approved surface. You can use a rack to help drain excess water.	CS
	<u>Notes</u>	
	Set up sanitizer water or bucket while prepping + serving to sanitize food contact surface.	

CFPM Verification (name, expiration date, ID#):
Shari Heine EXP 1/25
GBLCO-iaci 77d

HACCP Topic:

Shari Heine _____ 4/15/21 _____
 Person in Charge (Signature) Date

Naylor Beasley _____ Follow-up: Yes No (Check one) Follow-up Date: _____
 Inspector (Signature)