

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	3/30/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	12:45
Street Address		City/State		Permit Holder	Sirini Gumbak	Time Out	1:55
ZIP Code		62901		Purpose of Inspection	Routine	Risk Category	I

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

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

Food Establishment Inspection Report

Establishment: Bombay Olive Establishment #: 1046
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Bleach PPM: 50/100 Heat: R/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	36°F	Rice Steamer	141°F		
Make Table	39°F				
2-Door Unit	37°F	Microwave	-		
3-Door Unit	39°F	•Rice	100°F		
		Room Temp	-		
		•Potato Dish	78°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
20	Provide proper cooling procedures for TCS cooked product in kitchen. Upon inspection product @ 77°F on counter. You must cool product from 135°F to 70°F in 2 hours + 70-41°F in 4 hours. You must place product under refrigeration immediately once it reaches 135°F.	4/6/21
21	Provide proper hot/holding temp (135°F or greater) for all TCS product (rice) in kitchen. Bowl of rice in microwave @ 100°F. Only warm the amount that will fit in warmer.	
39	Refrain from storing raw product above RTE product in refrigeration throughout facility.	
40	Instruct all employees to wear hair restraints in kitchen.	
41	Store all wiping/clothes in buckets when not in use.	
49	Clean shelving in walkin cooler. Food debris/splash noted.	
55	Clean floor below equipment in kitchen. Food debris noted.	
55	Clean fire supression lines on venthood. Grease/oil noted	

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

Mohan Ughade
507393 x 8/25

HACCP Topic: 20, 21, 16, 8

Person in Charge (Signature) [Signature] Date 3/30/21

Inspector (Signature) [Signature] Follow-up: Yes No (Check one) Follow-up Date: 4/6/21