

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	1	Date	9/3/21		
Establishment <i>Keller-Walkers Bluff</i>		License/Permit # <i>984</i>	No. of Repeat Risk Factor/Intervention Violations	0	Time In	1:00		
Street Address <i>2900 Lake Jewell Dr</i>		City/State <i>Carrollville</i>	Permit Holder	<i>Chance Brown</i>		Time Out	2:00	
City/State <i>Carrollville</i>		ZIP Code <i>62914</i>	Purpose of Inspection	<i>Routine</i>			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	<i>In, Out</i>	Person in charge present, demonstrates knowledge, and performs duties		15	<i>In, Out, N/A, N/O</i>	Food separated and protected	
2	<i>In, Out, N/A</i>	Certified Food Protection Manager (CFPM)		16	<i>In, Out, N/A</i>	Food-contact surfaces; cleaned and sanitized	
Employee Health				Time/Temperature Control for Safety			
3	<i>In, Out</i>	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	<i>In, Out</i>	Proper disposition of returned, previously served, reconditioned and unsafe food	
4	<i>In, Out</i>	Proper use of restriction and exclusion		18	<i>In, Out, N/A, N/O</i>	Proper cooking time and temperatures	
5	<i>In, Out</i>	Procedures for responding to vomiting and diarrheal events		19	<i>In, Out, N/A, N/O</i>	Proper reheating procedures for hot holding	
Good Hygienic Practices				Consumer Advisory			
6	<i>In, Out, N/O</i>	Proper eating, tasting, drinking, or tobacco use		20	<i>In, Out, N/A, N/O</i>	Proper cooling time and temperature	
7	<i>In, Out, N/O</i>	No discharge from eyes, nose, and mouth		21	<i>In, Out, N/A, N/O</i>	Proper hot holding temperatures	
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<i>In, Out, N/O</i>	Hands clean and properly washed		22	<i>In, Out, N/A, N/O</i>	Pasteurized foods used; prohibited foods not offered	
9	<i>In, Out, N/A, N/O</i>	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Food/Color Additives and Toxic Substances			
10	<i>In, Out</i>	Adequate handwashing sinks properly supplied and accessible		23	<i>In, Out, N/A, N/O</i>	Food additives: approved and properly used	
Approved Source				Conformance with Approved Procedures			
11	<i>In, Out</i>	Food obtained from approved source		24	<i>In, Out, N/A, N/O</i>	Toxic substances properly identified, stored, and used	
12	<i>In, Out, N/A, N/O</i>	Food received at proper temperature		Compliance with variance/specialized process/HACCP			
13	<i>In, Out</i>	Food in good condition, safe, and unadulterated		25	<i>In, Out, N/A</i>	Compliance with variance/specialized process/HACCP	
14	<i>In, Out, N/A, N/O</i>	Required records available: shellstock tags, parasite destruction		26	<i>In, Out, N/A</i>	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	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		43	<input type="checkbox"/>	In-use utensils: properly stored	
31	<input type="checkbox"/>	Water and ice from approved source		44	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled	
32	<input type="checkbox"/>	Variance obtained for specialized processing methods		45	<input type="checkbox"/>	Single-use/single-service articles: properly stored and used	
Food Temperature Control				Utensils, Equipment and Vending			
33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		46	<input type="checkbox"/>	Gloves used properly	
34	<input type="checkbox"/>	Plant food properly cooked for hot holding		Physical Facilities			
35	<input type="checkbox"/>	Approved thawing methods used		47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
36	<input type="checkbox"/>	Thermometers provided & accurate		48	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				49	<input type="checkbox"/>	Non-food contact surfaces clean	
37	<input type="checkbox"/>	Food properly labeled; original container		Employee Training			
Prevention of Food Contamination				50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	
38	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present		51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	
39	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display		52	<input type="checkbox"/>	Sewage and waste water properly disposed	
40	<input type="checkbox"/>	Personal cleanliness		53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned	
41	<input type="checkbox"/>	Wiping cloths: properly used and stored		54	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	
42	<input type="checkbox"/>	Washing fruits and vegetables		55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	
				56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	
				Employee Training			
				57	<input type="checkbox"/>	All food employees have food handler training	
				58	<input type="checkbox"/>	Allergen training as required	

Food Establishment Inspection Report

Establishment: Cellar-Walker's Bluff Establishment #: 889
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Quat PPM: 200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Make Permit #1	39°F		Bacon	118°F	
(") #2	38°F				
(") #3	37°F				
Single Door Glass	40°F				
Single Door Wait	40°F				
H-Door Bar	41°F				

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
21	Provide proper hot holding temp (135°F or greater) or proper 4 hour labeling for pass line bacon. Upon inspection product @ 118°F. You must utilize one process or the other.	9/9/21
41	Refrain from storing cloth (after use) on counters. If using a spray bottle rags should be single use or stored in wiping cloth buckets @ all times when not in use.	
49	Clean speed racks in H-Door perlick unit @ bar. Upon inspection mold/mildew present	
49	Clean soda gun cup nightly. Upon inspection mold/mildew noted	
55	Clean floor behind cook's line. Food spill/splash/debris noted.	
55	Clean vent hood + filters in kitchen. Dust/oil/grease noted.	
49	Clean Fry & slicer after each use or when not in use.	✓

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

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HACCP Topic: 21, 16

Cheryl Bolm _____ Date 9/3/21
 Person in Charge (Signature)

 Inspector (Signature)

Follow-up: Yes No (Check one) Follow-up Date: _____

