

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	X/10/6/21
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:15
Street Address			Permit Holder	Yan Qin Zhu	Time Out	12:00
City/State		ZIP Code	Purpose of Inspection		Risk Category	I
China Wok		1093	Routine			
883 E Grand Ave		62901				
Carbondale						

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
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, <input type="radio"/> 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			

Compliance Status		COS	R
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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
Food-contact surfaces; cleaned and sanitized			
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 checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input 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			
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 type="radio"/> In, <input type="radio"/> Out, <input checked="" 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
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 checked="" 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			

Compliance Status		COS	R
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 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 checked="" 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: China Wok Establishment #: 1093
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Bleach PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	36F	Steam Well	-		
Make Table	39F	° Soup	154F		
Single Door	38F	Heat lamp	-		
		° Chicken	171F		
		Rice x 2	164F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
23	Provide proper date marker labeling for all cooked RTE product in refrigeration throughout facility. Hydrated rice noodles + BBQ pork w/o 7-day/ discard labels. Any items w/o labels on future visits will be discarded/ immediately!	10/13/21
39	Refrain from storing knives/utensils between tables, which have excessive grease/food spill. Store utensils on clean strip/rack.	
49/55	Clean the following items, including but not limited to: ° Floors below equipment ° Walls behind wok ° Shelving in walkin ° Walls in walkin ° Refrigeration Shroud in walkin ° Sides of all equipment ° wok line ° Wall behind fryer ° Sides of make table ° All bulk spice containers ° All utensils in bulk spices ° Water + reservoir below steam unit ° Entire wok ° Mats on shelving in walkin	

CFPM Verification (name, expiration date, ID#):
Ryan Qin Zhu 10665 x 11/23

HACCP Topic: 16, 21, 22, 23

Person in Charge (Signature) [Signature] Date 10/6/21

Inspector (Signature) [Signature] Follow-up: Yes No (Check one) Follow-up Date: 10/13/21

Food Establishment Inspection Report

Establishment: China Wok

Establishment #: 1093

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	<i>* Note</i>
	<i>• Cleaning is very poor. You must continue w/ routine cleaning to ensure items throughout facility stay in shape & do not fall behind. You must start cleaning on a more more routine basis! Most items in kitchen have some extent of grease/oil/food spill/splash present!</i>

[Signature]
Person in Charge (Signature)

10/6/21
Date

[Signature]
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: 10/13/21