

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	<u>2</u>	Date	<u>5/27/21</u>
Establishment <u>Cuivers</u>		License/Permit # <u>1130</u>		No. of Repeat Risk Factor/Intervention Violations	<u>0</u>	Time In	<u>11:50am</u>
Street Address <u>2401 Reed Station Pkwy</u>		City/State <u>Carbondale, IL</u>		Permit Holder	<u>Jones</u>	Time Out	<u>12:50pm</u>
City/State <u>Carbondale, IL</u>		ZIP Code <u>62901</u>		Purpose of Inspection	<u>Routine</u>	Risk Category	<u>II</u>

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	Description	COS	R	Compliance Status	Description	COS	R
Supervision							
1	<input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Certified Food Protection Manager (CFPM)			16	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized	X	
Employee Health							
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion			Time/Temperature Control for Safety			
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events			18	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time and temperatures	X	
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			19	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O No discharge from eyes, nose, and mouth			20	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Hands clean and properly washed			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		
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			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			23	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source			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		
12	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/A Food received at proper temperature			Consumer Advisory			
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated			25	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
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			Highly Susceptible Populations			
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							
Safe Food and Water							
30	Pasteurized eggs used where required			Consumer Advisory			
31	Water and ice from approved source			26	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
32	Variance obtained for specialized processing methods			Food/Color Additives and Toxic Substances			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			27	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A Food additives: approved and properly used		
34	Plant food properly cooked for hot holding			28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Toxic substances properly identified, stored, and used		
35	Approved thawing methods used			Conformance with Approved Procedures			
36	Thermometers provided & accurate			29	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A Compliance with variance/specialized process/HACCP		
Food Identification							
37	Food properly labeled; original container			Proper Use of Utensils			
Prevention of Food Contamination							
38	Insects, rodents, and animals not present			43	In-use utensils: properly stored		
39	Contamination prevented during food preparation, storage and display			44	Utensils, equipment & linens: properly stored, dried, & handled		
40	Personal cleanliness			45	Single-use/single-service articles: properly stored and used		
41	Wiping cloths: properly used and stored			46	Gloves used properly		
42	Washing fruits and vegetables			Utensils, Equipment and Vending			
Physical Facilities							
50	Hot and cold water available; adequate pressure			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
51	Plumbing installed; proper backflow devices			48	Warewashing facilities: installed, maintained, & used; test strips		
52	Sewage and waste water properly disposed			49	<input checked="" type="radio"/> Non-food contact surfaces clean		
53	Toilet facilities: properly constructed, supplied, & cleaned			Employee Training			
54	Garbage & refuse properly disposed; facilities maintained			57	All food employees have food handler training		
55	<input checked="" type="radio"/> Physical facilities installed, maintained, and clean			58	Allergen training as required		
56	Adequate ventilation and lighting; designated areas used						

Food Establishment Inspection Report

Establishment: Culver's Establishment #: 1130

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine (dish machine) / QUAT PPM: 50/0 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Walk-in AA	39°		Ice cream chest	27°	Hot hold
Delfield (2-drawer)	37°		Ice cream make table	34°	◦ Crispy chicken
Batter Station	38°		◦ Cheesecake bites	26°	◦ white gravy
Make table (salad) AA	41°		Refrigerated drawers	36°	◦ Soup
◦ Spring mix	31°				◦ beef roast
◦ tomatoes (sliced)	37°				
Raw Beef (@ grill cooler)	41°				
Delfield (single door)	37°				
Soft serve	36°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
16	Provide proper sanitizer solution (Quat = manufacturer label) for all sanitizer buckets throughout kitchen. Upon inspection both sani-buckets @ Oppm and employee noted wiping down food contact surfaces. These must be set-up + changed every 4-hrs. (Dispenser @ 200ppm)	COS
18	Provide proper cooking temperature for grilled chicken breast (165°F). Upon inspection grilled chicken observed pulled from grill to serve, temped @ 150, instructed employee to put back on grill.	COS
49	Clean exterior of bulk batter/flour containers on lower shelf of prep table. Grime build-up noted.	NPI
49	Clean exterior of dish machine. Grime/Food debris noted.	
49	Clean interior bottom of 4-door Delfield freezer. Food debris noted.	
55	Clean lower FRP wall + floor below dish machine. Splash + food debris noted.	
<p>NOTES: * This facility must follow their own SOPs and ensure chicken is cooked to proper temp. ✓</p>		

CFPM Verification (name, expiration date, ID#): Deontae L. Pouncil #21680438 exp: 3/2025

HACCP Topic: 2, 16, 18, 22

Person in Charge (Signature) [Signature] Date 5/27/21

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