

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 <u>8/9/2021</u>
Establishment <u>Dairy Queen</u>		License/Permit # <u>82</u>		No. of Repeat Risk Factor/Intervention Violations 0	Time In <u>2:00 pm</u>
Street Address <u>1700 Walnut St</u>				Permit Holder <u>Gary Mills</u>	Time Out <u>2:45 pm</u>
City/State <u>Murphysboro, IL</u>		ZIP Code <u>62966</u>		Purpose of Inspection <u>Routine</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	<u>Out</u> Person in charge present, demonstrates knowledge, and performs duties			15	<u>In, Out, N/A, N/O</u> Food separated and protected		
2	<u>In, Out, N/A</u> Certified Food Protection Manager (CFPM)			16	<u>In, Out, N/A</u> Food-contact surfaces; cleaned and sanitized		
Employee Health							
3	<u>In, Out</u> Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<u>In, Out</u> Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<u>In, Out</u> Proper use of restriction and exclusion			Time/Temperature Control for Safety			
5	<u>In, Out</u> Procedures for responding to vomiting and diarrheal events			18	<u>In, Out, N/A, N/O</u> Proper cooking time and temperatures		
Good Hygienic Practices							
6	<u>In, Out, N/O</u> Proper eating, tasting, drinking, or tobacco use			19	<u>In, Out, N/A, N/O</u> Proper reheating procedures for hot holding		
7	<u>In, Out, N/O</u> No discharge from eyes, nose, and mouth			20	<u>In, Out, N/A, N/O</u> Proper cooling time and temperature		
Preventing Contamination by Hands							
8	<u>In, Out, N/O</u> Hands clean and properly washed			21	<u>In, Out, N/A, N/O</u> Proper hot holding temperatures		
9	<u>In, Out, N/A, N/O</u> No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			22	<u>In, Out, N/A, N/O</u> Proper cold holding temperatures		
10	<u>In, Out</u> Adequate handwashing sinks properly supplied and accessible			23	<u>In, Out, N/A, N/O</u> Proper date marking and disposition		
Approved Source							
11	<u>In, Out</u> Food obtained from approved source			24	<u>In, Out, N/A, N/O</u> Time as a Public Health Control; procedures & records		
12	<u>In, Out, N/A, N/O</u> Food received at proper temperature			Consumer Advisory			
13	<u>In, Out</u> Food in good condition, safe, and unadulterated			25	<u>In, Out, N/A</u> Consumer advisory provided for raw/undercooked food		
14	<u>In, Out, N/A, N/O</u> 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							

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

Food Establishment Inspection Report

Establishment: Dairy Queen Establishment #: 82

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 400 Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
arctic air	35°	PFU hot hold			
make table AA	41°	• burger	144°		
• tomatos	39°	• chicken	141°		
make table AA	32°				
• tomatos	35°				
Large make table	30°				
• tomatoes	30°				
DQ soft serve (right)	32°				
DQ soft server (left)	30°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>no noted violations at time of inspection.</u>	

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

on file

HACCP Topic: 2, 16, 20, 8

[Signature] Date: 8/9/2021
Person in Charge (Signature) Date

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