

# 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 <b>2</b>	Date <b>1/25/21</b>
Establishment <b>Domino Pizza</b>		License/Permit # <b>998</b>	No. of Repeat Risk Factor/Intervention Violations <b>1</b>	Time In <b>1:50</b>
Street Address <b>887 E. Grand Ave</b>		City/State <b>Carbondale, IL</b>	Permit Holder <b>Adi Agunsanya</b>	Time Out <b>2:45</b>
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</b>	Purpose of Inspection <b>Routine</b>	Risk Category <b>II</b>

## 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
<b>Supervision</b>		
1 <b>In</b>		
2 <b>Out</b>		
<b>Employee Health</b>		
3 <b>In</b>		
4 <b>In</b>		
5 <b>In</b>		
<b>Good Hygienic Practices</b>		
6 <b>In</b>		
7 <b>In</b>		
<b>Preventing Contamination by Hands</b>		
8 <b>In</b>		
9 <b>In</b>		
10 <b>In</b>		
<b>Approved Source</b>		
11 <b>In</b>		
12 <b>In</b>		
13 <b>In</b>		
14 <b>In</b>		

Compliance Status	COS	R
<b>Protection from Contamination</b>		
15 <b>In</b>		
16 <b>In</b>		<b>X</b>
17 <b>In</b>		
<b>Time/Temperature Control for Safety</b>		
18 <b>In</b>		
19 <b>In</b>		
20 <b>In</b>		
21 <b>In</b>		
22 <b>In</b>		
23 <b>In</b>		
24 <b>In</b>		
<b>Consumer Advisory</b>		
25 <b>In</b>		
<b>Highly Susceptible Populations</b>		
26 <b>In</b>		
<b>Food/Color Additives and Toxic Substances</b>		
27 <b>In</b>		
28 <b>In</b>		
<b>Conformance with Approved Procedures</b>		
29 <b>In</b>		

## 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
<b>Safe Food and Water</b>		
30		
31		
32		
<b>Food Temperature Control</b>		
33		
34		
35		
36		
<b>Food Identification</b>		
37		
<b>Prevention of Food Contamination</b>		
38		
39		
40		
41		
42		

Compliance Status	COS	R
<b>Proper Use of Utensils</b>		
43		
44		
45		
46		
<b>Utensils, Equipment and Vending</b>		
47		
48		
49		
<b>Physical Facilities</b>		
50		
51		
52		
53		
54		
55		
56		
<b>Employee Training</b>		
57		
58		

# Food Establishment Inspection Report

Establishment: Dominos Pizza

Establishment #: 998

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	
<u>Make line</u>					
• <u>Cheese</u>	<u>39°</u>				
• <u>Baron</u>	<u>40°</u>				
• <u>Bottom AA-R</u>	<u>41°</u>				
• <u>Ham</u>	<u>37°</u>				
• <u>Cheese</u>	<u>35°</u>				
• <u>Bottom AA-L</u>	<u>41°</u>				
<u>Walkin cooler</u>	<u>40</u>				

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number Violations cited in this report must be corrected within the time frames below.

16 Clean pizza oven chains & catch pans on a more routine basis. Upon inspection, chains & catch pans with food debris in bottom. Leaving these in these conditions can invite pests into your facility. This is a repeated violation. 1/27/21

Notes:

\* Ensure proper hand washing occurs after cell phone usage. Employee noted on cell phone.

\* Upon inspection, 3 compartment sink drain with standing water in it. After letting I well out, drain water came to floor surface & leaked onto floor a little bit but immediately went down. Drained another well & it did not over flow but very close. Manager stated Grease trap was pumped around a year ago. Grease trap needs pumped on a more

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

N/A

HACCP Topic: 16, 28, 23

Adedayo Ogunseunye 1/25/21  
 Person in Charge (Signature) Date

Alaia Beasley 1/27/21  
 Inspector (Signature) Follow-up Date:

Follow-up:  Yes  No (Check one)

