## **Food Establishment Inspection Report**

Jackson County Health Department				No. of Risk Factor/Intervention Violations Date 8 10 2					<u> 102</u>	t production of the state of th	
PO Box 307 – 415 Health Department Rd Murphysboro IL 62966 (618) 684-3143 ext. 128				Time In 9:1					45a	M	
Establishment License/Permit #				No. of Repeat Risk Factor/Intervention Violations Time Out				Das	n		
Dunkin Donuts lan				decompand	Permit I	Holde	Tana Ca.	Nac I as N	Risk Category		
Street Address					Jennier Hrauser)						
City/State O Cuthou and a final land land ZIP Code					Purpose of Inspection						
City	Carbei	ndale.IL	ZIP Code U2901		Routine						
		FOODBORNE ILLN	ESS RISK FACT	OR!	SAND	AND PUBLIC HEALTH INTERVENTIONS					
	Circle designate	ed compliance status (IN, OUT, N/O, N	I/A) for each numb	ered i	item						
ı	N=in compliance				applicable	e		•	procedures identified as		
	COS=	Mark "X" in appropriate box for CC corrected on-site during inspection	DS and/or R R=repeat violation	n			•	-	orne illness or injury. Pub revent foodborne illness o		
Comr	oliance Status	oon added on the damagnispaciness		cos	R Compliance Status COS R						
	mance status	Supervision 5		1000				Protection from Conta	mination		
Н	(1), Out	Person in charge present, demonstrates k	nowledge, and	П		5 (	In, Out, N/A, N/O	Food separated and protect		T	T
1	Ug, Out	performs duties			l 1 <del> </del> -	.6	(in, Dut, N/A	Food-contact surfaces; cle	aned and sanitized	1	
2	In (Out) N/A	Certified Food Protection Manager (CFPM	1)					Proper disposition of retur	and proviously sorred	+	-
		Employee Health	4 1 AST 11 11 11 11 11 11 11 11 11 11 11 11 11		1	.7	(in)Out	reconditioned and unsafe			1
3	Mh, put	Management, food employee and condition	onal employee;					ime/Temperature Conti			
4	In)Out	knowledge, responsibilities and reporting  Proper use of restriction and exclusion		-		-	In, Out, N/A, N/O	Proper cooking time and to		+	<del> </del>
5	In Out	Procedures for responding to vomiting an	d diagrapaal ayante		<b>—</b> — –		In, Out, <b>(</b> /A)N/O	Proper reheating procedur		-	+
3	III,OUL	Good Hygienic Practices	u diaiffieai evetits	<u> </u>	<u> </u>	100	In, Out, N/A, N/O	Proper cooling time and te		+-	+
6	(In,)Out, N/O	Proper eating, tasting, drinking, or tobacc	0.1150	1		74	In.)Out, N/A, N/O	Proper hot holding temper		+	+
7	In, Out, N/O	No discharge from eyes, nose, and mouth		-	<del></del>		(h)Out, N/A, N/O	Proper cold holding tempe		+-	
├-	(11,)001,1470	Preventing Contamination by Hand			<del>'</del>		out, N/A, N/O	Proper date marking and d		+	+
8	In, Out, N/O	Hands clean and properly washed		1 1	-+	4   /	In, Out(N/A,)N/O		ntrol; procedures & records	—	
$\vdash \vdash$	$\sim$		are-approved	-		7	$\sim$	Consumer Advi		$\overline{}$	$\overline{}$
9	In, Out, N/A, N/O	No bare hand contact with RTE food or a particular alternative procedure properly allowed	ore-approved		2	:5	In, Out, (N/A)	1	ed for raw/undercooked food	1	
10	(In)Out	Adequate handwashing sinks properly sup	plied and accessible					Highly Susceptible Po			<del></del>
-		Approved Source		a Section 1		6	In, Out, N/A	Pasteurized foods used; pr	ohibited foods not offered	Ш_	
11	(In,)Out	Food obtained from approved source		П		A. 199	Foo	d/Color Additives and To	oxic Substances		
12	In, Out, N/A, N/O)	Food received at proper temperature			<u>2</u>	17	In, Out N/A	Food additives: approved a	and properly used		
13	In Out	Food in good condition, safe, and unadult	orated		$ \frac{1}{2}$	8	In Out, N/A	Toxic substances properly	identified, stored, and used		
12						-		nformance with Approv	ed Procedures	<del></del>	
14	In, Out,(N/À) N/O	Required records available: shellstock tags destruction	s, parasite			9-	In, Out N/A	Compliance with variance/	/specialized process/HACCP	T	Т
<del></del>	······································	na n	GOOD	RET	AIL PR	RACT					
		Good Retail Practices are preventativ			g - construction		and the state of t	cals, and physical objects	s into foods.		
М	ark "X" in box if nu		Mark "X" in approp					corrected on-site during i		riolatio	on
			C	OS F	R					cos	R
	4	Safe Food and Water	o carrier in 10 Avilua			v 8 74 v 135	Allen and a second	Proper Use of Ute	nsils		
30	Pasteurized eggs u	sed where required			43	In-	-use utensils: prope	erly stored			T
31	Water and ice from approved source				44	Ut	tensils, equipment (	& linens: properly stored, dri	ied, & handled		
32 Variance obtained for specialized processing methods			45	Siı	ngle-use/single-serv	vice articles: properly stored	and used				
		Food Temperature Control			46	GI	loves used properly				
33	Proper cooling me	thods used; adequate equipment for tempe	erature control					Utensils, Equipment and		<del></del>	_
34	Plant food properly	y cooked for hot holding			47		ood and non-food conducted	ontact surfaces cleanable, pr	roperly designed, constructed	1,1	
35	Approved thawing	methods used								+	┼
36	Thermometers pro	ovided & accurate			48			es: installed, maintained, & u	isea; test strips	—	
		Food Identification	2 (4-95).		49	No	on-food contact sur				丄
37	Food properly labe	eled; original container				i Materi		Physical Facilitie	es	25.	.,
┝┷┸	<u> </u>	Prevention of Food Contamination			_   50	Ho	ot and cold water a	vailable; adequate pressure			
201		Le di Le eg Mitalian in			51	PI	umbing installed; p	roper backflow devices			
38 Insects, rodents, and animals not present			52	Z Se	ewage and waste wa	ater properly disposed		+	$\top$		
39 Contamination prevented during food preparation, storage and display				53			erly constructed, supplied, &	cleaned	+	+	
40 Personal cleanliness				54					+	+	
41 Wiping cloths: properly used and stored				-	<del></del>		operly disposed; facilities ma		+	+-	
42	42 Washing fruits and vegetables				55	-	·	alled, maintained, and clean		+	+
						Ac	dequate ventilation	and lighting; designated are			
							Geografia I i i i i i i i i i i i i i i i i i i	Employee Traini	ng		<del>1</del>
					57		· · · · · · · · · · · · · · · · · · ·	ave food handler training		+	+
					58	I Al	lergen training as re	equirea		1	1

## **Food Establishment Inspection Report**

		_			Page	e 2 of <u>3</u>		
Establishment:	kin I	Donuts	Establishn	nent #: 121				
Water Supply: 🛱 Public 🗌 Pr	vate W	/aste Water System: 🌠	Public Private					
Sanitizer Type:	t	PP!	M: <u>200</u>	Heat:	//A_			
		TEMPERATURE	E OBSERVATIONS			and the second		
Item/Location	Temp	Item/Loca	tion Temp	Iter	m/Location	Temp		
Walk-in	38°	Hot hok	lunit					
coca-cola coder	41°	· egg	165					
De Ifield Lunder count	36	· Saus	age 140	ř				
Delfield (under counter	)40		0					
creamerdispenser	40							
Chest cooler (reaching	)30							
drawerunit (L)	37							
drawer unit (12)	36°							
	· · · · · · · · · · · · · · · · · · ·	OBSERVATIONS AND	CORRECTIVE ACTIO	NS		Compat		
Item Number	Violations	cited in this report must be	corrected within the tim	ne frames below.		Correct By NRI		
	Eliminate the formation of ice on the walk-in freezor							
		to prevent po						
product st	ned bu	21010. No food	product/bo	oxes should	d be stored			
nere until i	ie tom		ninated.			110 NW		
52 Provide ad	equat		to ensure i			1000 C		
tacility can	drain		upon inspec		10yee	machine		
1								
55 Cierrib	1 Dega	1 ( //		IITY.	aca huldun	NRI		
55 Clean hoo	Clean hood (intenor) above xpresschef ovens. Grease Duild-up N							
55 Clean Floor	tolu	all sunday	Men tables	and paire	ment Dail	NDI		
Close allent	Clean floor to wall under preptables and equipment. Pay No close attention to areas under preptables legispment that are hard-to-reach. Cups, lids, debns noted under these							
are heigh-	to-10	ach Cups I	de dobre	noted in	der these			
areas.	10 180	un. crys, i	ido, masiro	nous us	au nusc			
2 Provide a cex	tifical f	ood protection	manager on	Site at all	o timos ->	NEI		
CFPM Verification (name, expirat			meanings on			J.* * * * *		
none at facility								
HACCE Topic: 2 8 1/2	20							
HACCP Topic: 2, 8, 16, a	λU							
		alia	1-021					
Descen in Charge (Signature)			12021					
Person in Charge (Signature)		Date						
D. Hamith			_/		ه د ادم	ia a C		
1 xwanys x		Follow-up	yes 🔲 No (Check	one) Follow-	up Date: COHACT			
Inspector (Signature)			•		inspecti	UL.		

## **Food Establishment Inspection Report**

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Establishmer	nt: DUNKIN DONUTS Establishment #: 1217	
	OBSERVATIONS AND CORRECTIVE ACTIONS	
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	tool is being prepared or served. Only CFPM for facility is us not present or scheduled to be present today.	
	Due to the imminent health hazard present on this field visitery) routine inspection a determination has been made that a substantial health hazard to the public exists, and the Food Senice Permit for Dunkin Donuts has been suspended until further notice. You are to clase operations immediately.	
Y	Editure to Cease operations may subject you to enforcement of the Jackson County Food Service Suntation Ordinance. Failure to comply with these provisions may result in fines of up to \$500 per day, you are in tolation of the ordinance. A recheck of the facilities ability to properly dispose of waste with repairs will be performed on thin 24-hours to venty the violations observed on this inspection have been corrected before facility can reopen. Please contact me to Schedule the reinspection as soon as repairs are made.	
Person in Charge Pulla	Follow-up: Yes No (Check one) Follow-up Date: CONTACT )	Al CHICK