

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	3/17/2021	
Establishment East Main Egyptian Corner		License/Permit # 9104		No. of Repeat Risk Factor/Intervention Violations	1	Time In	12:40pm	
Street Address 534 E. Main St.		City/State Carbondale, IL		Permit Holder	Dean Amley		Time Out	1:40pm
City/State Carbondale, IL		ZIP Code 62901		Purpose of Inspection	Routine			
							Risk Category	I

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	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	<input checked="" type="radio"/> In, <input type="radio"/> Out			15	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A	X	X
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A			17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			Time/Temperature Control for Safety			
Employee Health				18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
4	<input checked="" type="radio"/> In, <input type="radio"/> Out			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Proper use of restriction and exclusion			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
5	<input checked="" type="radio"/> In, <input type="radio"/> Out			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Procedures for responding to vomiting and diarrheal events			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	Proper eating, tasting, drinking, or tobacco use			Highly Susceptible Populations			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	No discharge from eyes, nose, and mouth			Food/Color Additives and Toxic Substances			
Preventing Contamination by Hands				27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	Hands clean and properly washed			Conformance with Approved Procedures			
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			GOOD RETAIL PRACTICES			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Approved Source				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			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			Safe Food and Water			
	Food obtained from approved source			30			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			31			
	Food received at proper temperature			32			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			Food Temperature Control			
	Food in good condition, safe, and unadulterated			33			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			34			
	Required records available: shellstock tags, parasite destruction			35			
GOOD RETAIL PRACTICES				36			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Proper Use of Utensils			
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				43			
Safe Food and Water				44			
30				45			
31				46			
32				Utensils, Equipment and Vending			
Food Temperature Control				47			
33				48			
34				49			
35				Physical Facilities			
36				50			
Food Identification				51			
37				52			
Prevention of Food Contamination				53			
38				54			
39				55			
40				56			
41				Employee Training			
42				57			
GOOD RETAIL PRACTICES				58			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				All food employees have food handler training			
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Food Establishment Inspection Report

Establishment: East Main Egyptian Corner Establishment #: 964

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Dr. Pepper cooler	31°		Hot Hold		
Walk-in	38°		◦ Chicken	153°	
Display cooler	40°		◦ Spicy chicken	137°	
make table			tenders		
◦ sliced tomatoes	41°				
◦ AA Bottom	41°				
◦ AA top	40°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
16	Provide proper wash, rinse, and sanitize procedures for battering Station. Upon inspection employee stated cleaning is done once a day. This station must be cleaned every 4 hours.	COS
16	Provide proper wash, rinse, and sanitize procedures for all sauce containers. These containers must be wash, rinse, and sanitized every 4 hours when in contact w/ food.	↓
55	Clean/degrease interior of venthood. Grease drip noted.	NRI
	Note:	
	* continue to educate all employees on wash, rinse, sanitize procedures.	
	* Tile for floor under cookline ordered, will be replaced when he gets the order in.	

CFPM Verification (name, expiration date, ID#):
Bryan Higgins
21403341 exp: 10/28/2022

HACCP Topic: 2, 16, 21, 22

[Signature] _____ Date: 3/17/21

Person in Charge (Signature)

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

Inspector (Signature)