

# 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>5</b>	Date <b>4/26/2021</b>
Establishment <b>Fazoli's</b>	License/Permit # <b>067</b>			No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>1:30 pm</b>
Street Address <b>1120 E. Main St.</b>				Permit Holder <b>Fazoli's</b>	Time Out <b>4:00 pm</b>
City/State <b>Carbondale, IL</b>	ZIP Code <b>62901</b>			Purpose of Inspection <b>Routine</b>	Risk Category <b>I</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	Compliance Status		COS	R
<b>Supervision</b>							
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	
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)				<b>Time/Temperature Control for Safety</b>		
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting				19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O	
4	<input checked="" type="radio"/> In <input type="radio"/> Out				20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O	
	Proper use of restriction and exclusion				21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O	
5	<input checked="" type="radio"/> In <input type="radio"/> Out				22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O	
	Procedures for responding to vomiting and diarrheal events				23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O	
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O				24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O	
	Proper eating, tasting, drinking, or tobacco use				<b>Consumer Advisory</b>		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	No discharge from eyes, nose, and mouth				<b>Highly Susceptible Populations</b>		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	Hands clean and properly washed				<b>Food/Color Additives and Toxic Substances</b>		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			27	<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				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A	
10	<input checked="" type="radio"/> In <input type="radio"/> Out				<b>Conformance with Approved Procedures</b>		
	Adequate handwashing sinks properly supplied and accessible			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out						
	Food obtained from approved source						
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O						
	Food received at proper temperature						
13	<input checked="" type="radio"/> In <input type="radio"/> Out						
	Food in good condition, safe, and unadulterated						
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O						
	Required records available: shellstock tags, parasite destruction						

## 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	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30	<input checked="" type="checkbox"/>			43	<input checked="" type="checkbox"/>		
	Pasteurized eggs used where required				44	<input checked="" type="checkbox"/>	
31	<input checked="" type="checkbox"/>				45	<input checked="" type="checkbox"/>	
	Water and ice from approved source				46	<input checked="" type="checkbox"/>	
32	<input checked="" type="checkbox"/>				<b>Utensils, Equipment and Vending</b>		
	Variance obtained for specialized processing methods			47	<input checked="" type="checkbox"/>		
<b>Food Temperature Control</b>							
33	<input checked="" type="checkbox"/>				48	<input checked="" type="checkbox"/>	
	Proper cooling methods used; adequate equipment for temperature control				49	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>				<b>Physical Facilities</b>		
	Plant food properly cooked for hot holding			50	<input checked="" type="checkbox"/>		
35	<input checked="" type="checkbox"/>				51	<input checked="" type="checkbox"/>	
	Approved thawing methods used				52	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>				53	<input checked="" type="checkbox"/>	
	Thermometers provided & accurate				54	<input checked="" type="checkbox"/>	
<b>Food Identification</b>							
37	<input checked="" type="checkbox"/>				55	<input checked="" type="checkbox"/>	
	Food properly labeled; original container				56	<input checked="" type="checkbox"/>	
<b>Prevention of Food Contamination</b>							
38	<input checked="" type="checkbox"/>				<b>Employee Training</b>		
	Insects, rodents, and animals not present			57	<input checked="" type="checkbox"/>		
39	<input checked="" type="checkbox"/>				58	<input checked="" type="checkbox"/>	
	Contamination prevented during food preparation, storage and display						
40	<input checked="" type="checkbox"/>						
	Personal cleanliness						
41	<input checked="" type="checkbox"/>						
	Wiping cloths: properly used and stored						
42	<input checked="" type="checkbox"/>						
	Washing fruits and vegetables						

# Food Establishment Inspection Report

Establishment: Fazoli's Establishment #: 1067

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine/QUAT PPM: 100/200 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Small make table AA	32°	2-door @ register	41°	° Fettuccine #2 (made 4/26)	55°
° Spaghetti	38°	Walk-in AA	34°	° Fettuccine #3 (h)	54°
Large make table AA	41°	° Spaghetti (made 4/25)	38°	° Penne #1 (made 4/26)	48°
° Sausage (diced)	38°	° Fettuccine ( " )	35°	° Penne #2 (made 4/26)	48°
Small make table AA	41°	° Penne ( " ) x2	37°	Steam table white Rice	146°
Beverage - air single door	9°	° Spaghetti (made 4/26)	46°	Hold Hold	
Counter cooler (2-door)	41°	" x2	51°	° White Rice	180°
Beverage - air single door	31°	" x3	53°	° Breaded Chicken	157°
Single door @ Register	38°	° Fettuccine (made 4/26)	55°	° Hot Hold unit AA	1160°

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Violations cited in this report must be corrected within the time frames below.	
11e	Provide proper wash, rinse, sanitize procedure for pot/sticker equipment. Upon inspection employee indicated they only cleaned/lemon water + could not provide corporate cleaning procedure/SOP.	4/28/21
11e	Clean metal "clean" storage cart used to store clean baking sheets, Excessive food debris noted.	
11e	Clean pegged + flat dish washer trays. Excessive food debris/grease/Calcium Build-up noted.	
20	Provide proper cooling procedures + labeling for all cooked/cooled pastas in walk-in. Upon inspection numerous pastas (spaghetti, penne, fettuccine) labeled that it had reach 41°F before being placed in storage, and when verifying cooling temperatures pastas were at 46° - 55°. No time stamp available to verify time cooling procedure began. All products discarded.	
23	Provide 7-day discard label for all TCS cooked/cooled food products under refrigeration. Upon inspection diced sausage w/o label. Product discarded.	

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

Steven Lambert (PIC) #15213129 exp: 6/2022	Michael Daile #15213934 exp: 6/12/2022
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HACCP Topic: 2, 8, 11e, 20, 22, 23, 24, 28

Person in Charge (Signature): [Signature] Date: 4/26/2021

Inspector (Signature): [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: 4/28/21

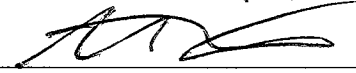
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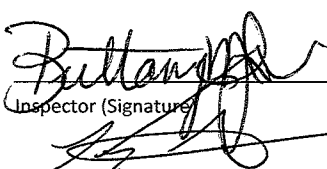
Establishment #: 1067

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
24	Provide time as control (4-hour labels) labels for all food contact utensils that aren't stored under temperature control (i.e. <del>one (1) in</del> in water or secondary container). In-use utensils must be cleaned every 4-hours including scoop stored in water for rice.	4/28/21
28	Provide labels for all unlabeled bottles throughout kitchen. Secondary bottles/containers require labels to help prevent confusion or contamination and allow anyone in kitchen to identify chemicals + food products/Liquids.	
39	Provide lids for tea urns to prevent potential contamination / Items falling into top of container.	
48	Provide proper sink stoppers for all wells of 3-compartment sink. Souttree cups are not an approved equivalent.	
49	Clean all exterior sides/ doors of equipment/ make tables throughout kitchen (bread hot hold, steam table, lower prep tables, hot hold unit, make tables, etc.) Grease, food debris/splash noted.	
49	Clean interior/exterior of dish machine. Food debris, grease, + calcium build-up noted. (This continues to be an issue).	
49	Clean prep tables + bakers storage racks for bread room. Food debris/splash + butter/grease noted.	
49	Clean under slushie machine. Excessive dried syrup noted.	
52	Provide adequate drainage for 3-compartment sink. Only one compartment can be let-out at time + water backs-up into floor under sink.	
55	Clean floors throughout kitchen/ prep room. Paying close attention to areas under shelving, cookline equipment, prep tables, make tables, dish machine + 3-comp, and kettles. Food debris/grease build-up noted.	
<p><u>Notes</u></p> <ul style="list-style-type: none"> <li>* Accurate cooling labels must be utilized because pasta does not magically reheat in walk-in.</li> <li>* Cleaning procedures must be put in place + utilized/checked daily.</li> <li>* Corporate policies/procedures or SOPs for new equipment/ food processes must be on-site and followed.</li> <li>* You must contact a licensed plumber to inspect your drainage issue at the 3-comp. sink.</li> <li>* employee drinks must be stored below food areas and not above.</li> </ul>		

  
Person in Charge (Signature)

4/26/2021  
Date

  
Inspector (Signature)

Follow-up:  Yes  No (Check one)

Follow-up Date: 4/28/21