

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 8/24/24
Establishment The Flame Grill + Bar		License/Permit # 980	No. of Repeat Risk Factor/Intervention Violations 0	Time In
Street Address 501 E. Walnut St		Permit Holder Dan Terry	Time Out 3:40 pm	
City/State Carbondale, IL		ZIP Code 62901	Risk Category I	
Purpose of Inspection Routine				

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							
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				Food separated and protected			
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			Time/Temperature Control for Safety			
Proper use of restriction and exclusion				18	<input checked="" type="radio"/> In, Out, N/A, N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<input checked="" type="radio"/> In, Out, N/A, N/O		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In, Out, N/O			Proper reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="radio"/> In, Out, N/A, N/O		
7	<input checked="" type="radio"/> In, Out, N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In, Out, N/A, N/O		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In, Out, N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In, Out, N/A, N/O		
9	<input checked="" type="radio"/> In, Out, N/A, N/O			Proper cold holding temperatures			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				23	<input checked="" type="radio"/> In, Out, N/A, N/O		
10	<input checked="" type="radio"/> In, Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In, Out, N/A, N/O		
Approved Source							
11	<input checked="" type="radio"/> In, Out			Time as a Public Health Control; procedures & records			
Food obtained from approved source				Consumer Advisory			
12	<input checked="" type="radio"/> In, Out, N/A, N/O			25	<input checked="" type="radio"/> In, Out, N/A		
Food received at proper temperature				Consumer advisory provided for raw/undercooked food			
13	<input checked="" type="radio"/> In, Out			Highly Susceptible Populations			
Food in good condition, safe, and unadulterated				26	<input checked="" type="radio"/> In, Out, N/A		
14	<input checked="" type="radio"/> In, Out, N/A, N/O			Pasteurized foods used; prohibited foods not offered			
Required records available: shellstock tags, parasite destruction				Food/Color Additives and Toxic Substances			
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
Safe Food and Water							
30	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper Use of Utensils			
Pasteurized eggs used where required				43	<input checked="" type="radio"/> In <input type="radio"/> Out		
31	<input checked="" type="radio"/> In <input type="radio"/> Out			In-use utensils: properly stored			
Water and ice from approved source				44	<input checked="" type="radio"/> In <input type="radio"/> Out		
32	<input checked="" type="radio"/> In <input type="radio"/> Out			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food Temperature Control							
33	<input checked="" type="radio"/> In <input type="radio"/> Out			Single-use/single-service articles: properly stored and used			
Proper cooling methods used; adequate equipment for temperature control				46	<input checked="" type="radio"/> In <input type="radio"/> Out		
34	<input checked="" type="radio"/> In <input type="radio"/> Out			Gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35	<input checked="" type="radio"/> In <input type="radio"/> Out			47	<input checked="" type="radio"/> In <input type="radio"/> Out		
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36	<input checked="" type="radio"/> In <input type="radio"/> Out			48	<input checked="" type="radio"/> In <input type="radio"/> Out		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
Food Identification							
37	<input checked="" type="radio"/> In <input type="radio"/> Out			49	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
38	<input checked="" type="radio"/> In <input type="radio"/> Out			Physical Facilities			
Insects, rodents, and animals not present				50	<input checked="" type="radio"/> In <input type="radio"/> Out		
39	<input checked="" type="radio"/> In <input type="radio"/> Out			Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display				51	<input checked="" type="radio"/> In <input type="radio"/> Out		
40	<input checked="" type="radio"/> In <input type="radio"/> Out			Plumbing installed; proper backflow devices			
Personal cleanliness				52	<input checked="" type="radio"/> In <input type="radio"/> Out		
41	<input checked="" type="radio"/> In <input type="radio"/> Out			Sewage and waste water properly disposed			
Wiping cloths: properly used and stored				53	<input checked="" type="radio"/> In <input type="radio"/> Out		
42	<input checked="" type="radio"/> In <input type="radio"/> Out			Toilet facilities: properly constructed, supplied, & cleaned			
Washing fruits and vegetables				54	<input checked="" type="radio"/> In <input type="radio"/> Out		
				Garbage & refuse properly disposed; facilities maintained			
Employee Training							
57	<input checked="" type="radio"/> In <input type="radio"/> Out			Physical facilities installed, maintained, and clean			
All food employees have food handler training				55	<input checked="" type="radio"/> In <input type="radio"/> Out		
58	<input checked="" type="radio"/> In <input type="radio"/> Out			Adequate ventilation and lighting; designated areas used			
Allergen training as required				Employee Training			

Food Establishment Inspection Report

Establishment: The Flame Grill & Bar Establishment #: 980

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walk-in AA	38°				
Saturn AA	38°				
#5 cooler AA	41°				
True make table AA	40				
• Sliced toms	36°				
Norpole (small) AA	38				
• Tomatoes	37°				
Norpole (salad) AA	38°				
• sliced toms	39°				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
47	Resurface/Reseal top of wood bakers table at dish area. No longer smooth/easily cleanable.	N/A
49	Clean exterior sides/top of Duke brand oven. Grease build-up noted.	↓
49	Clean exterior/sides & bottom of salamander. Grease build-up noted.	
49	Clean lower prep shelves of all stainless tables & equipment. Food debris noted.	
55	Clean exterior sides of hood and ceiling tiles. Grease build-up noted.	
55	Clean/repair lower wall/floor-wall junction under dish machine area. No longer easily cleanable.	
	* Facility must get in habit of labeling all containers that require 7-day discard labels in make table.	

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

Kent Keen on file.

HACCP Topic: 2, 10, 8

Person in Charge (Signature): *Kent Keen* Date: 8/24/2021

Inspector (Signature): *Bert Taylor* Follow-up: Yes No (Check one) Follow-up Date: _____