

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 <u>0</u>	Date <u>9/15/21</u>
Establishment <u>Fusion Taco</u>		License/Permit # <u>1248</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>10:45</u>
Street Address <u>Apple Festival</u>		City/State <u>Murphysboro, IL</u>		Permit Holder <u>Brad James</u>	Time Out <u>11:15</u>
ZIP Code <u>62906</u>		Purpose of Inspection <u>Routine</u>		Risk Category <u>II</u>	

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	<u>In</u> <u>Out</u>			15	<u>In</u> <u>Out</u> , N/A, N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	<u>In</u> <u>Out</u> , N/A			16	<u>In</u> <u>Out</u> , N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				Time/Temperature Control for Safety			
3	<u>In</u> <u>Out</u>			17	<u>In</u> <u>Out</u>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	<u>In</u> <u>Out</u>			18	<u>In</u> , <u>Out</u> , N/A, N/O		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	<u>In</u> <u>Out</u>			19	<u>In</u> , <u>Out</u> , N/A, N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				20	<u>In</u> , <u>Out</u> , N/A, N/O		
6	<u>In</u> , <u>Out</u> , N/O			Proper cooling time and temperature			
Proper eating, tasting, drinking, or tobacco use				21	<u>In</u> , <u>Out</u> , N/A, N/O		
7	<u>In</u> , <u>Out</u> , N/O			Proper hot holding temperatures			
No discharge from eyes, nose, and mouth				22	<u>In</u> , <u>Out</u> , N/A, N/O		
Preventing Contamination by Hands				Proper cold holding temperatures			
8	<u>In</u> , <u>Out</u> , N/O			23	<u>In</u> , <u>Out</u> , N/A, N/O		
Hands clean and properly washed				Proper date marking and disposition			
9	<u>In</u> , <u>Out</u> , N/A, N/O			24	<u>In</u> , <u>Out</u> , N/A, N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Time as a Public Health Control; procedures & records			
10	<u>In</u> , <u>Out</u>			Consumer Advisory			
Adequate handwashing sinks properly supplied and accessible				25	<u>In</u> , <u>Out</u> , N/A		
Approved Source				Highly Susceptible Populations			
11	<u>In</u> , <u>Out</u>			26	<u>In</u> , <u>Out</u> , N/A		
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered			
12	<u>In</u> , <u>Out</u> , N/A, N/O			Food/Color Additives and Toxic Substances			
Food received at proper temperature				27	<u>In</u> , <u>Out</u> , N/A		
13	<u>In</u> , <u>Out</u>			Food additives: approved and properly used			
Food in good condition, safe, and unadulterated				28	<u>In</u> , <u>Out</u> , N/A		
14	<u>In</u> , <u>Out</u> , N/A, N/O			Toxic substances properly identified, stored, and used			
Required records available: shellstock tags, parasite destruction				Conformance with Approved Procedures			
				29	<u>In</u> , <u>Out</u> , N/A		
				Compliance with variance/specialized process/HACCP			

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				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used and stored			55	Physical facilities installed, maintained, and clean		
42	Washing fruits and vegetables			56	Adequate ventilation and lighting; designated areas used		
Employee Training				Employee Training			
				57	All food employees have food handler training		
				58	Allergen training as required		

Food Establishment Inspection Report

Establishment: Fusion Taco Establishment #: 1248

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	
thru 2 door			Hot hold unit 1	167	
-top	41		" " 2	171	
-Bottom	30				
meat cooler	23		Rice Warmer	170	
Truck Cooler	41				
-meat on table	42				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>NO violations observed.</u>	

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

Brads James
L2SC-3009330

HACCP Topic: 16, 21, 22, 23, 28, 8, 10

[Signature] 9/15/21
Person in Charge (Signature) Date

[Signature]
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____