

# Food Establishment Inspection Report

|                                                                                                   |  |                         |  |                                                   |               |         |         |
|---------------------------------------------------------------------------------------------------|--|-------------------------|--|---------------------------------------------------|---------------|---------|---------|
| Jackson County Health Department<br>PO Box 307 – 415 Health Department Rd<br>Murphysboro IL 62966 |  | (618) 684-3143 ext. 128 |  | No. of Risk Factor/Intervention Violations        | 0             | Date    | 3/26/21 |
| Establishment                                                                                     |  | License/Permit #        |  | No. of Repeat Risk Factor/Intervention Violations | 0             | Time In | 3:55    |
| Street Address                                                                                    |  | City/State              |  | Permit Holder                                     | Risk Category |         |         |
| 102 E Jackson St                                                                                  |  | Carbondale              |  | Andrea Barclay                                    | I             |         |         |
| City/State                                                                                        |  | ZIP Code                |  | Purpose of Inspection                             |               |         |         |
| Carbondale                                                                                        |  |                         |  | 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                                                                                                                                                                                                                                                                                           | Description                                                                                                                                                                 | COS | R | Compliance Status                          | Description                                                                                                                                                     | COS | R |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---|
| <b>Supervision</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                             |     |   |                                            |                                                                                                                                                                 |     |   |
| 1                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties                                         |     |   | 15                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Food separated and protected                                                            |     |   |
| 2                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A Certified Food Protection Manager (CFPM)                                                                 |     |   | 16                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A Food-contact surfaces; cleaned and sanitized                                                 |     |   |
| <b>Employee Health</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |     |   |                                            |                                                                                                                                                                 |     |   |
| 3                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting                 |     |   | 17                                         | <input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food                  |     |   |
| 4                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion                                                                       |     |   | <b>Time/Temperature Control for Safety</b> |                                                                                                                                                                 |     |   |
| 5                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events                                                    |     |   | 18                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cooking time and temperatures                                                    |     |   |
| <b>Good Hygienic Practices</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |     |   |                                            |                                                                                                                                                                 |     |   |
| 6                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out, N/O Proper eating, tasting, drinking, or tobacco use                                                         |     |   | 19                                         | <input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O Proper reheating procedures for hot holding           |     |   |
| 7                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out, N/O No discharge from eyes, nose, and mouth                                                                  |     |   | 20                                         | <input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O Proper cooling time and temperature                   |     |   |
| <b>Preventing Contamination by Hands</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |     |   |                                            |                                                                                                                                                                 |     |   |
| 8                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out, N/O Hands clean and properly washed                                                                          |     |   | 21                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper hot holding temperatures                                                         |     |   |
| 9                                                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed         |     |   | 22                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cold holding temperatures                                                        |     |   |
| 10                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible                                                   |     |   | 23                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper date marking and disposition                                                     |     |   |
| <b>Approved Source</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |     |   |                                            |                                                                                                                                                                 |     |   |
| 11                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source                                                                            |     |   | 24                                         | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O Time as a Public Health Control; procedures & records |     |   |
| 12                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O Food received at proper temperature                               |     |   | <b>Consumer Advisory</b>                   |                                                                                                                                                                 |     |   |
| 13                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated                                                               |     |   | 25                                         | <input checked="" type="radio"/> In <input type="radio"/> Out, N/A Consumer advisory provided for raw/undercooked food                                          |     |   |
| 14                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O Required records available: shellstock tags, parasite destruction |     |   | <b>Highly Susceptible Populations</b>      |                                                                                                                                                                 |     |   |
| <b>GOOD RETAIL PRACTICES</b>                                                                                                                                                                                                                                                                                |                                                                                                                                                                             |     |   |                                            |                                                                                                                                                                 |     |   |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.<br>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                       | Description                                                             | COS | R | Compliance Status                      | Description                                                                            | COS | R |
|-----------------------------------------|-------------------------------------------------------------------------|-----|---|----------------------------------------|----------------------------------------------------------------------------------------|-----|---|
| <b>Safe Food and Water</b>              |                                                                         |     |   |                                        |                                                                                        |     |   |
| 30                                      | Pasteurized eggs used where required                                    |     |   | <b>Proper Use of Utensils</b>          |                                                                                        |     |   |
| 31                                      | Water and ice from approved source                                      |     |   | 43                                     | In-use utensils: properly stored                                                       |     |   |
| 32                                      | Variance obtained for specialized processing methods                    |     |   | 44                                     | Utensils, equipment & linens: properly stored, dried, & handled                        |     |   |
| <b>Food Temperature Control</b>         |                                                                         |     |   |                                        |                                                                                        |     |   |
| 33                                      | Proper cooling methods used; adequate equipment for temperature control |     |   | 45                                     | Single-use/single-service articles: properly stored and used                           |     |   |
| 34                                      | Plant food properly cooked for hot holding                              |     |   | 46                                     | Gloves used properly                                                                   |     |   |
| 35                                      | Approved thawing methods used                                           |     |   | <b>Utensils, Equipment and Vending</b> |                                                                                        |     |   |
| 36                                      | Thermometers provided & accurate                                        |     |   | 47                                     | Food and non-food contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |                                                                         |     |   |                                        |                                                                                        |     |   |
| 37                                      | Food properly labeled; original container                               |     |   | 48                                     | Warewashing facilities: installed, maintained, & used; test strips                     |     |   |
| <b>Prevention of Food Contamination</b> |                                                                         |     |   |                                        |                                                                                        |     |   |
| 38                                      | Insects, rodents, and animals not present                               |     |   | 49                                     | Non-food contact surfaces clean                                                        |     |   |
| 39                                      | Contamination prevented during food preparation, storage and display    |     |   | <b>Physical Facilities</b>             |                                                                                        |     |   |
| 40                                      | Personal cleanliness                                                    |     |   | 50                                     | Hot and cold water available; adequate pressure                                        |     |   |
| 41                                      | Wiping cloths: properly used and stored                                 |     |   | 51                                     | Plumbing installed; proper backflow devices                                            |     |   |
| 42                                      | Washing fruits and vegetables                                           |     |   | 52                                     | Sewage and waste water properly disposed                                               |     |   |
| <b>Employee Training</b>                |                                                                         |     |   |                                        |                                                                                        |     |   |
| 57                                      | All food employees have food handler training                           |     |   | 53                                     | Toilet facilities: properly constructed, supplied, & cleaned                           |     |   |
| 58                                      | Allergen training as required                                           |     |   | 54                                     | Garbage & refuse properly disposed; facilities maintained                              |     |   |
|                                         |                                                                         |     |   | 55                                     | Physical facilities installed, maintained, and clean                                   |     |   |
|                                         |                                                                         |     |   | 56                                     | Adequate ventilation and lighting; designated areas used                               |     |   |

# Food Establishment Inspection Report

Establishment: Global Gourmet Establishment #: 502

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Bleach PPM: 50 Heat: NA

| TEMPERATURE OBSERVATIONS |      |  |               |       |  |
|--------------------------|------|--|---------------|-------|--|
| Item/Location            | Temp |  | Item/Location | Temp  |  |
| Kitchen Single Door      |      |  | Crab Lasagna  | 165°F |  |
| New Make Unit            |      |  |               |       |  |
| Dessert Make Unit        |      |  | Steam Table   | 148°F |  |
| 2-Door Standing          |      |  |               |       |  |
|                          |      |  |               |       |  |
|                          |      |  |               |       |  |
|                          |      |  |               |       |  |
|                          |      |  |               |       |  |
|                          |      |  |               |       |  |
|                          |      |  |               |       |  |

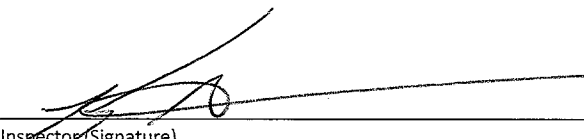
| OBSERVATIONS AND CORRECTIVE ACTIONS |                                                                                 |            |
|-------------------------------------|---------------------------------------------------------------------------------|------------|
| Item Number                         | Violations cited in this report must be corrected within the time frames below. | Correct By |
|                                     | <u>*No violations @ Time of Inspection</u>                                      |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     | <u>*Note</u><br><u>• Very good job overall</u>                                  |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |
|                                     |                                                                                 |            |

CFPM Verification (name, expiration date, ID#):  
Andrea Barclay      \_\_\_\_\_      \_\_\_\_\_

X

HACCP Topic: 16, 21, 22

  
 Person in Charge (Signature) \_\_\_\_\_ Date 3/26/21

  
 Inspector (Signature) \_\_\_\_\_

Follow-up:  Yes  No (Check one)

Follow-up Date: \_\_\_\_\_