

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 | 8/18/21 |
| Establishment | | License/Permit # | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 2:20 |
| Street Address | | City/State | | Permit Holder | Kim Collins | | |
| ZIP Code | | Purpose of Inspection | | Risk Category | | | |
| Carbondale, IL | | 62901 | | Routine - Monthly #2 | | | |
| 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 |
|--|---|-----|---|
| Supervision | | | |
| 1 | <input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties | | |
| 2 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Certified Food Protection Manager (CFPM) | | |
| Employee Health | | | |
| 3 | <input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting | | |
| 4 | <input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion | | |
| 5 | <input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events | | |
| Good Hygienic Practices | | | |
| 6 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use | | |
| 7 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O No discharge from eyes, nose, and mouth | | |
| Preventing Contamination by Hands | | | |
| 8 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Hands clean and properly washed | | |
| 9 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | |
| 10 | <input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible | | |
| Approved Source | | | |
| 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 <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction | | |

| Compliance Status | Description | COS | R |
|--|---|-----|---|
| Protection from Contamination | | | |
| 15 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected | | |
| 16 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized | | |
| 17 | <input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food | | |
| Time/Temperature Control for Safety | | | |
| 18 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time and temperatures | | |
| 19 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding | | |
| 20 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature | | |
| 21 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures | | |
| 22 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures | | X |
| 23 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition | | |
| 24 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Time as a Public Health Control; procedures & records | | |
| Consumer Advisory | | | |
| 25 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food | | |
| Highly Susceptible Populations | | | |
| 26 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered | | |
| Food/Color Additives and Toxic Substances | | | |
| 27 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Food additives: approved and properly used | | |
| 28 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Toxic substances properly identified, stored, and used | | |
| Conformance with Approved Procedures | | | |
| 29 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> 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 | Description | COS | R |
|---|---|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water and ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided & accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, and animals not present | | |
| 39 | Contamination prevented during food preparation, storage and display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used and stored | | |
| 42 | Washing fruits and vegetables | | |

| Compliance Status | Description | COS | R |
|--|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils: properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored and used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |
| Physical Facilities | | | |
| 50 | Hot and cold water available; adequate pressure | | |
| 51 | Plumbing installed; proper backflow devices | | |
| 52 | Sewage and waste water properly disposed | | |
| 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | Physical facilities installed, maintained, and clean | | |
| 56 | Adequate ventilation and lighting; designated areas used | | |
| Employee Training | | | |
| 57 | All food employees have food handler training | | |
| 58 | Allergen training as required | | |

Food Establishment Inspection Report

Establishment: Gud Cooking Establishment #: 1220

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat/Chlorine PPM: 400/Chlorine Heat: n/a

| TEMPERATURE OBSERVATIONS | | | | | |
|--------------------------|------|---------------|------|---------------|------|
| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
| Make table | 33° | Hot Hold | | | |
| -Bottom | 38° | -Com | 154° | | |
| Ice Cream | 3° | -Burger | 178° | | |
| Walk In | 0° | -Chicken | 200° | | |
| Salad Fridge | 30° | -Ox tail | 178° | | |
| meat Fridge | 41° | -pork steak | 194° | | |
| | | Hot table | 169° | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. | Correct By |
|-------------|---|------------|
| 22 | Provide proper cold holding temperatures @ 41°F or below for all TCS items. Upon inspection, Caesar dressing opened & sat @ RT. Once an item is opened, you must look @ product to see if it requires refrigeration. product discarded. | COS |

NOTES

- * Cleaning looks Good!
- * Facility changing out Sanit-buckets @ time of inspection.
- * Labeling looks Great!
- * All refrigeration checks are being done daily.

At this time, facility has improved on Risk factor violations. This facility is being taken off accelerated inspection schedule. If @ any time, things reverse & get lax, you will be placed on accelerated

CFPM Verification (name, expiration date, ID#): inspection, schedule again.

Kim Collins

#17384721 exp 1/24

HACCP Topic: 16, 19, 20, 21, 22, 23, 24, 28

Kimberly Coll 8/18/21
 Person in Charge (Signature) Date

Amyla Bostley
 Inspector (Signature)

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