

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	5/5/21	
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:30	
Street Address		City/State		Permit Holder	Rick Walker			
600 E Grand Ave		Carbondale		Purpose of Inspection	Routine			
ZIP Code		62901		Risk Category				II

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
Supervision			
1	<input checked="" type="radio"/> In <input type="radio"/> Out		
Person in charge present, demonstrates knowledge, and performs duties			
2	<input 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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O		
Required records available: shellstock tags, parasite destruction			

Compliance Status		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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" 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			
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 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 X			
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 type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" 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 type="radio"/> In, <input type="radio"/> Out, <input checked="" 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		COS	R
Safe Food and Water			
30	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Pasteurized eggs used where required			
31	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Water and ice from approved source			
32	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Variance obtained for specialized processing methods			
Food Temperature Control			
33	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Plant food properly cooked for hot holding			
35	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Approved thawing methods used			
36	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Thermometers provided & accurate			
Food Identification			
37	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Food properly labeled; original container			
Prevention of Food Contamination			
38	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Insects, rodents, and animals not present			
39	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Contamination prevented during food preparation, storage and display			
40	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Personal cleanliness			
41	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Wiping cloths: properly used and stored			
42	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Washing fruits and vegetables			

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

Food Establishment Inspection Report

Establishment: Harold's Chicken Shack Establishment #: 1219

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 200 PPM Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
3-Door Unit	36°F		Warming Cabinet	156°F	
2-Door Sliding Unit	39°F				
Gratade Unit	49°F				

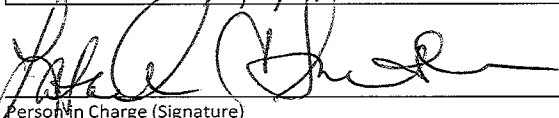
OBSERVATIONS AND CORRECTIVE ACTIONS

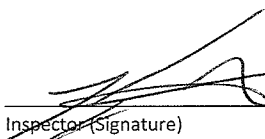
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
24	Provide accurate 4-hour time vs temp labeling for all items (batter, chicken wings, + milk dip) on table on ice by cook's line. Product must be held @ 41°F at all times or have a label w/ 4hour time. Chicken @ 53°F.	COS
	<p>*Note:</p> <ul style="list-style-type: none"> ◦ Gratade cooler @ 49°F. No product present @ time of inspection. ◦ Provide sauce paperwork for quality vs safety. ◦ You must ensure all kitchen staff are aware of 4-hour labeling process <p>◦ Upon inspection cupcakes from Mally's Cupcakes present. You can not sell these products. They are not produced in a licensed kitchen + can not be given or sold to the public!</p>	

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

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HACCP Topic: 16, 21, 22, 24


Date: 5/5/21


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