

# 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 <span style="float: right;">0</span>	Date <span style="float: right;">11/1/19</span>
Establishment <span style="font-size: 1.2em;">India Delight</span>		License/Permit # <span style="font-size: 1.2em;">1149</span>		No. of Repeat Risk Factor/Intervention Violations <span style="float: right;">0</span>	Time In <span style="float: right;">5:50</span>
Street Address <span style="font-size: 1.2em;">Town Pavilion</span>				Permit Holder <span style="font-size: 1.2em;">Satish Walia</span>	Time Out <span style="float: right;">6:40</span>
City/State <span style="font-size: 1.2em;">Carbondale, ILLINOIS</span>		ZIP Code <span style="font-size: 1.2em;">62901</span>		Purpose of Inspection <span style="font-size: 1.2em;">Routine</span>	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			15	<input checked="" type="radio"/> In <input checked="" 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 checked="" type="radio"/> Out, N/A			16	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			17	<input checked="" type="radio"/> In <input checked="" 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 checked="" type="radio"/> Out			<b>Time/Temperature Control for Safety</b>			
Proper use of restriction and exclusion				18	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
5	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
7	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In <input checked="" type="radio"/> 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 <input checked="" type="radio"/> Out, N/A, N/O		
10	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			Time as a Public Health Control; procedures & records			
Food obtained from approved source				<b>Consumer Advisory</b>			
12	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			25	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A		
Food received at proper temperature				Consumer advisory provided for raw/undercooked food			
13	<input checked="" type="radio"/> In <input checked="" type="radio"/> Out			<b>Highly Susceptible Populations</b>			
Food in good condition, safe, and unadulterated				26	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A		
14	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered			
Required records available: shellstock tags, parasite destruction				<b>Food/Color Additives and Toxic Substances</b>			
<b>GOOD RETAIL PRACTICES</b>							

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

