

# 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	0	Date	5/25/2021	
Establishment <b>Insomnia Cookies</b>		License/Permit # <b>1023</b>		No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:30pm	
Street Address <b>704 S. Illinois Ave</b>		City/State <b>Carbondale, IL</b>		Permit Holder	<b>Susanne White</b>		Time Out	2:55pm
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</b>		Purpose of Inspection <b>Routine</b>		Risk Category <b>II</b>		

## 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
<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, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O	Food separated and protected		
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A	Certified Food Protection Manager (CFPM)					16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> 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, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O	Proper cooking time and temperatures			
<b>Good Hygienic Practices</b>											
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O	Proper eating, tasting, drinking, or tobacco use				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			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O	No discharge from eyes, nose, and mouth				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			
<b>Preventing Contamination by Hands</b>											
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O	Hands clean and properly washed				21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O	Proper hot holding temperatures			
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				22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> 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, <input type="radio"/> N/A, <input type="radio"/> 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 type="radio"/> N/A, <input type="radio"/> N/O	Time as a Public Health Control; procedures & records			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> 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, <input type="radio"/> N/A	Consumer advisory provided for raw/undercooked food			
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				<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. 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											
<b>Safe Food and Water</b>											
30	<input type="checkbox"/>	Pasteurized eggs used where required				<b>Proper Use of Utensils</b>					
31	<input type="checkbox"/>	Water and ice from approved source				43	<input type="checkbox"/>	In-use utensils: properly stored			
32	<input type="checkbox"/>	Variance obtained for specialized processing methods				44	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried, & handled			
<b>Food Temperature Control</b>											
33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				45	<input type="checkbox"/>	Single-use/single-service articles: properly stored and used			
34	<input type="checkbox"/>	Plant food properly cooked for hot holding				46	<input type="checkbox"/>	Gloves used properly			
35	<input type="checkbox"/>	Approved thawing methods used				<b>Utensils, Equipment and Vending</b>					
36	<input type="checkbox"/>	Thermometers provided & accurate				47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<b>Food Identification</b>											
37	<input type="checkbox"/>	Food properly labeled; original container				48	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			
<b>Prevention of Food Contamination</b>											
38	<input type="checkbox"/>	Insects, rodents, and animals not present				49	<input type="checkbox"/>	Non-food contact surfaces clean			
39	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display				<b>Physical Facilities</b>					
40	<input type="checkbox"/>	Personal cleanliness				50	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
41	<input type="checkbox"/>	Wiping cloths: properly used and stored				51	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
42	<input type="checkbox"/>	Washing fruits and vegetables				52	<input type="checkbox"/>	Sewage and waste water properly disposed			
<b>Employee Training</b>											
57	<input type="checkbox"/>	All food employees have food handler training				53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			
58	<input type="checkbox"/>	Allergen training as required				54	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			
<b>Physical Facilities</b>											
55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean				55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			
56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used				56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used			

# Food Establishment Inspection Report

Establishment: Insomnia Cookies Establishment #: 1023  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Quat PPM: 200 Heat: N/A

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Ice cream chest	26°				
Walk-in cooler	20°				
milk (2-door)	36°				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	no noted violations.	
	Very clean & organized!	

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

Shaneka Badger  
 #19D11014  
 exp: 2/27/25

HACCP Topic: 2, 16, 8, 10

Shaneka B \_\_\_\_\_ Date 5/25/2021  
 Person in Charge (Signature)

Buttar \_\_\_\_\_ Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_  
 Inspector (Signature)