

# 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	2	Date	5/20/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	12:30
Street Address		City/State		Permit Holder	Victoria	Time Out	1:15
City/State		ZIP Code		Purpose of Inspection	Routine	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	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			<b>Time/Temperature Control for Safety</b>			
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			19	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			20	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O		
	Proper use of restriction and exclusion			21	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			22	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Procedures for responding to vomiting and diarrheal events			23	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/O			24	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O		
	Proper eating, tasting, drinking, or tobacco use			<b>Consumer Advisory</b>			
7	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/O			25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			<b>Highly Susceptible Populations</b>			
<b>Preventing Contamination by Hands</b>							
8	<input type="radio"/> In, <input checked="" type="radio"/> Out, <input type="radio"/> N/O		<input checked="" type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			
	Hands clean and properly washed			27	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			28	<input checked="" type="radio"/> In <input type="radio"/> Out, <input type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			<b>Conformance with Approved Procedures</b>			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	Adequate handwashing sinks properly supplied and accessible			<b>Compliance with variance/specialized process/HACCP</b>			
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>GOOD RETAIL PRACTICES</b>			
	Food obtained from approved source			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
12	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input checked="" type="radio"/> N/O			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			
	Food received at proper temperature			<b>Safe Food and Water</b>		COS	R
13	<input checked="" type="radio"/> In <input type="radio"/> Out			30	Pasteurized eggs used where required		
	Food in good condition, safe, and unadulterated			31	Water and ice from approved source		
14	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input type="radio"/> N/O			32	Variance obtained for specialized processing methods		
	Required records available; shellstock tags, parasite destruction			<b>Food Temperature Control</b>			

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

# Food Establishment Inspection Report

Establishment: Jimmy Johns Establishment #: 782  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Quat PPM: 200/200 Heat: FUA

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	39°F				
Make Table (Front)	38°F				
( " ) (Back)	36°F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
8	Instruct all employees who leave kitchen to wash hands upon re-entering kitchen, prior to putting on gloves. If changing tasks where hands are soiled you must wash hands prior to putting on new gloves!	COS
2	Provide CFPM on site e all times food is being + served.	90 Days
39	Repair/remove excessive ice buildup from refrigeration unit in walkin freezer. Upon inspection ice building up on boxes below. This food product must be moved.	PRI
39/43	Refrain from using bowls as scoops for bulk spices in rear kitchen. Solo cups are not an approved scoop! Stop doing this!	↓
55	Clear fan shroud on refrigeration unit in walkin cooler. Mildew/mold noted. *Note: If CFPM classes completed prior to 8/27/21 e-mail certificate to kyle@jchdonline.org + a recheck will be waived.	✓
CFPM Verification (name, expiration date, ID#):		
None		
HACCP Topic: <u>8, 16, 2, 21, 22</u>		

Person in Charge (Signature) [Signature] Date 5/20/21  
 Inspector (Signature) [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: 8/27/21  
(KS)