

# 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	3	Date	4/14/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:00
Street Address		City/State		Permit Holder	Risk Category		
ZIP Code		Purpose of Inspection					

Establishment: Keeper's Quarters License/Permit #: 1135  
 Street Address: 817 S IL Ave City/State: Carbondale  
 Permit Holder: Doug Robinson Purpose of Inspection: Routine  
 Risk Category: I

## 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 checked="" type="radio"/> Out			Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A			Certified Food Protection Manager (CFPM)			
<b>Employee Health</b>							
3	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/O			Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/O			No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/O			Hands clean and properly washed			
9	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Food obtained from approved source			
12	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			Food received at proper temperature			
13	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Food in good condition, safe, and unadulterated			
14	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O			Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
15	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Food separated and protected			
16	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A			Food-contact surfaces; cleaned and sanitized			
17	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
<b>Time/Temperature Control for Safety</b>							
18	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Proper cooking time and temperatures			
19	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Proper cooling time and temperature			
21	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Proper cold holding temperatures			
23	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Proper date marking and disposition			
24	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A, N/O			Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>							
25	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A			Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>							
26	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A			Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>							
27	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, <input checked="" type="radio"/> N/A			Food additives: approved and properly used			
28	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out, N/A			Toxic substances properly identified, stored, and used			
<b>Conformance with Approved Procedures</b>							
29	<input checked="" type="radio"/> In, <input checked="" 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	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Pasteurized eggs used where required			
31	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Water and ice from approved source			
32	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>							
33	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Approved thawing methods used			
36	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Thermometers provided & accurate			
<b>Food Identification</b>							
37	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Food properly labeled; original container			
<b>Prevention of Food Contamination</b>							
38	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Insects, rodents, and animals not present			
39	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Contamination prevented during food preparation, storage and display			
40	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Personal cleanliness			
41	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Wiping cloths: properly used and stored			
42	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Washing fruits and vegetables			
<b>Proper Use of Utensils</b>							
43	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			In-use utensils: properly stored			
44	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Single-use/single-service articles: properly stored and used			
46	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Gloves used properly			
<b>Utensils, Equipment and Vending</b>							
47	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Non-food contact surfaces clean			
<b>Physical Facilities</b>							
50	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Hot and cold water available; adequate pressure			
51	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Plumbing installed; proper backflow devices			
52	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Sewage and waste water properly disposed			
53	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Physical facilities installed, maintained, and clean			
56	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Adequate ventilation and lighting; designated areas used			
<b>Employee Training</b>							
57	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			All food employees have food handler training			
58	<input checked="" type="radio"/> In, <input checked="" type="radio"/> Out			Allergen training as required			

# Food Establishment Inspection Report

Establishment: Keeper's Quarters Establishment #: 1135

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Bleach/Quat PPM: 50/200 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Single Door Low #1	39°F	Walkin	34°F		
( " ) #2	38°F				
Make Unit #1	40°F	Pulled Pork	54°F		
( " ) #2	37°F	• Put in @ 8am	-		
Grill Unit	36°F	Corned Beef	97°F		
4-Door Unit	39°F	• Put in @ 10am	-		
2-Door Standing	40°F				
Meat Case	41°F				
Deli Case	38°F				

### 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 temp (41°F or less) for shelled eggs @ room temp. Eggs @ 60°F. You must label eggs for 4 hour discard or pull less product to ensure proper temp.	4/20/21
23	Provide proper & accurate 7-day date mark labeling for all TCS cooked & commercially/processed food product @ deli. This includes all deli meats, baked TCS products, humus, meat salads, etc.	
24	Provide proper 4 hour discard labeling for all candied/cooked bacon product in kitchen. You must use time vs temp or proper hot/cold holding.	
39	Provide light shields for all fluorescent light fixtures in basement	
40	Provide hair restraints for all employees throughout kitchen.	✓

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

HACCP Topic: 22, 23, 24, 21, 16

[Signature] Date: 4/14/21  
 Person in Charge (Signature)

[Signature] Follow-up:  Yes  No (Check one) Follow-up Date: 4/20/21  
 Inspector (Signature)

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OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	
41	Ensure all wiping cloth rags to sanitizer bucket in between uses. Several rags laying around kitchen.	4/20/21 ↓
49	Clean Fry slicer in kitchen after each use.	
55	Paint/seal all bare wood in storage areas in basement.	↓
<p>*Note:</p> <ul style="list-style-type: none"> <li>◦ Outside meat smoker housing must be fully screened in + made to be smooth + easily cleanable prior to use.</li> <li>◦ Process for accurate 7-day labeling @ deli must be made to ensure proper food safety.</li> <li>◦ All meat slicer equipment in new meat area must be wash, rinsed, + sanitized @ a minimum of every 4 hours from initial use.</li> </ul>		

[Signature] \_\_\_\_\_ Date: 4/14/21

[Signature] \_\_\_\_\_ Follow-up:  Yes  No (Check one) Follow-up Date: 4/20/21