

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	6/22/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:00
Street Address		City/State		Permit Holder	Fidel Dominguez		
2301 Reed Station Rd		Carbondale, IL		Purpose of Inspection	2 week - Routine		
		ZIP Code		Risk Category			
		62901		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
Supervision				Protection from Contamination			
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, N/A, N/O Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Certified Food Protection Manager (CFPM)			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Food-contact surfaces; cleaned and sanitized		
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<input type="radio"/> In <input checked="" 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			18	<input checked="" type="radio"/> In, Out, N/A, N/O Proper cooking time and temperatures		
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events			19	<input checked="" type="radio"/> In, Out, N/A, N/O Proper reheating procedures for hot holding		
Good Hygienic Practices				20	<input checked="" type="radio"/> In, Out, N/A, N/O Proper cooling time and temperature		
6	<input checked="" type="radio"/> In, Out, N/O Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> In, Out, N/A, N/O Proper hot holding temperatures		
7	<input checked="" type="radio"/> In, Out, N/O No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> In, Out, N/A, N/O Proper cold holding temperatures		
Preventing Contamination by Hands				23	<input checked="" type="radio"/> In, Out, N/A, N/O Proper date marking and disposition		
8	<input checked="" type="radio"/> In, Out, N/O Hands clean and properly washed			24	<input checked="" type="radio"/> In, Out, N/A, N/O Time as a Public Health Control; procedures & records		
9	<input checked="" type="radio"/> In, Out, N/A, N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Consumer Advisory			
10	<input checked="" type="radio"/> In, Out Adequate handwashing sinks properly supplied and accessible			25	<input checked="" type="radio"/> In, Out, N/A Consumer advisory provided for raw/undercooked food		
Approved Source				Highly Susceptible Populations			
11	<input checked="" type="radio"/> In, Out Food obtained from approved source			26	<input checked="" type="radio"/> In, Out, N/A Pasteurized foods used; prohibited foods not offered		
12	<input checked="" type="radio"/> In, Out, N/A, N/O Food received at proper temperature			Food/Color Additives and Toxic Substances			
13	<input checked="" type="radio"/> In, Out Food in good condition, safe, and unadulterated			27	<input checked="" type="radio"/> In, Out, N/A Food additives: approved and properly used		
14	<input checked="" type="radio"/> In, Out, N/A, N/O Required records available: shellstock tags, parasite destruction			28	<input checked="" type="radio"/> In, Out, N/A Toxic substances properly identified, stored, and used		
GOOD RETAIL PRACTICES				Conformance with Approved Procedures			
				29	<input checked="" type="radio"/> In, Out, N/A Compliance with variance/specialized process/HACCP		

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
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	<input checked="" type="radio"/> Wiping cloths: properly used and stored		<input checked="" type="checkbox"/>	55	Physical facilities installed, maintained, and clean		
42	<input checked="" type="radio"/> Washing fruits and vegetables		<input checked="" type="checkbox"/>	56	Adequate ventilation and lighting; designated areas used		
Employee Training				Employee Training			
57	All food employees have food handler training			57	All food employees have food handler training		
58	Allergen training as required			58	Allergen training as required		

Food Establishment Inspection Report

Establishment: La Jarochita Establishment #: _____

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: 100 Heat: n/a

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Make table		Rice	150°		
- Guacamole	63	Rice	165°		
- Cheese	64	Barbaca	147°		
- Sour Cream	60°				
- Bottom (AA)	37°				
- Shrimp	39°	Fridge	42°		
		- Cheese	60°		

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 temperatures for all res products in top of make table @ 41°F or below. Upon inspection, all items in top of make table @ 60-64°F. Allowing Facility to ice products to rapid chill.	6/23/21
41	Store all soiled wiping cloths in wiping cloth bucket Cos any time they're not actively being used.	
2	Provide certified food protection manager (CFPM) @ all times food is served.	11/31
<p><u>Notes</u></p> <p>* Facility preps top portion of make table daily from RT products. It is believed that warm pans in truck with RT products is making it difficult for products to cool in time. Facility is going to put make table pans in Fridge over night that way it's helping product cool in time from RT.</p>		

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

n/a

HACCP Topic: 2, 22

Person in Charge (Signature): [Signature] Date: 6/22/21

Inspector (Signature): [Signature] Follow-up: Yes No (Check one) Follow-up Date: 6/23/21