

# 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 <b>3</b>	Date <b>11/9/21</b>
Establishment <b>La Jarochita 2 1259</b>		License/Permit #		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>2:15</b>
Street Address <b>2301 Reed Station Pkwy</b>		Permit Holder <b>Edel Dominguez</b>		Time Out <b>4:15</b>	
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</b>		Risk Category <b>I</b>	
		Purpose of Inspection <b>2 week Routine</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>				<b>Protection from Contamination</b>																																																																																																																																																											
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O																																																																																																																																																										
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A																																																																																																																																																										
2	<input checked="" type="radio"/> In <input type="radio"/> Out, 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>				18	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
3	<input checked="" type="radio"/> In, Out			19	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
4	<input checked="" type="radio"/> In <input type="radio"/> Out			21	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
	Proper use of restriction and exclusion			22	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
5	<input checked="" type="radio"/> In <input type="radio"/> Out			23	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
	Procedures for responding to vomiting and diarrheal events			24	<input checked="" type="radio"/> In, Out, N/A, N/O																																																																																																																																																										
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>																																																																																																																																																											
6	<input checked="" type="radio"/> In, Out, N/O			25	<input checked="" type="radio"/> In, Out, N/A																																																																																																																																																										
	Proper eating, tasting, drinking, or tobacco use			<b>Highly Susceptible Populations</b>																																																																																																																																																											
7	<input checked="" type="radio"/> In, Out, N/O			26	<input checked="" type="radio"/> In, Out, N/A																																																																																																																																																										
	No discharge from eyes, nose, and mouth			<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																											
<b>Preventing Contamination by Hands</b>				27	<input checked="" type="radio"/> In, Out, N/A																																																																																																																																																										
8	<input checked="" type="radio"/> In, Out, N/O			28	<input checked="" type="radio"/> In, Out, N/A																																																																																																																																																										
	Hands clean and properly washed			<b>Conformance with Approved Procedures</b>																																																																																																																																																											
9	<input checked="" type="radio"/> In, Out, N/A, N/O			29	<input checked="" type="radio"/> In, Out, N/A																																																																																																																																																										
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																											
10	<input checked="" type="radio"/> In, Out			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																																																																																																																																																											
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# Food Establishment Inspection Report

Establishment: La Jarochita Establishment #: 1259

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	181°		
- Top	34°	Beans	176°		
- Bottom	36°	Beef	168°		
Fridge	41°				
- Rice	40°				
Salsa - RT	68°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
2	Provide Certified food protection manager at all times food is prepped/served.	11/9/21
10	Ensure handsink is accessible at all times. Upon inspection, make table in front of handsink. This sink must be accessible + be used for hand washing. You may have to rearrange your truck to make it accessible.	COS
40	Provide proper hair restraints for all employees in truck. Upon inspection, no employees w/ restraints.	NRI
<u>Notes</u>		
* You have until 12/9/21 to get your CFPM certificate or your permit for La Jarochita will be suspended until one is provided for both trucks.		
* You must have a minimum of 120°F water in		

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

none

HACCP Topic: 2, 10, 8, 21, 22, 23, 24

Person in Charge (Signature): Mantra San Date: 11/9/21

Inspector (Signature): Olga Blasquez

Follow-up:  Yes  No (Check one)

Follow-up Date: 11/10/21

# Food Establishment Inspection Report

Establishment: La Jarochita 2

Establishment #: 1259

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	(cont'd) Trucks at all times.	
22	Provide proper Cold holding temperatures for COS Salsas at all times at 41°F or below. Upon inspection, Salsa out @ RT at 67/68°F. Either make a space in top of make table to keep it cold & easily accessible or you can use 4hr discard. product discarded.	
	Notes Continued:	
	* If you plan to use 4hr discard, your pan must be labeled & product must be discarded after 4hrs. not moved back to refrigeration.	
	* Once commissary agreement for truck #2 is signed & I receive it, your permit will be mailed to you.	
	* Process for grease trap emptying is not correct please contact me within 24hrs. This process must change.	
52	Provide proper wastewater disposal for both trucks. Upon inspection, spoke w/ employee on process & it's incorrect @ this time.	11/10/21

Maritza Sanchez  
Person in Charge (Signature)

Dayna Beasley  
Inspector (Signature)

11/9/21  
Date

Follow-up:  Yes  No (Check one)

Follow-up Date: 11/10/21