

# 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	6/16/21
Establishment <b>La Unica Bakery</b>		License/Permit # <b>835</b>		No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:00pm
Street Address <b>213 W. Main St</b>		City/State <b>Carbondale, IL</b>		Permit Holder	<b>Davis Herrera</b>		
City/State		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
<b>Supervision</b>			
1	<input checked="" type="radio"/> In <input type="radio"/> Out		
Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Certified Food Protection Manager (CFPM)			
<b>Employee Health</b>			
3	<input checked="" type="radio"/> In <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In <input type="radio"/> Out		
Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In <input type="radio"/> Out		
Procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>			
6	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/O		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/O		
Hands clean and properly washed			
9	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="radio"/> In <input type="radio"/> Out		
Adequate handwashing sinks properly supplied and accessible			
<b>Approved Source</b>			
11	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food obtained from approved source			
12	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food in good condition, safe, and unadulterated			
14	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Required records available: shellstock tags, parasite destruction			

Compliance Status		COS	R
<b>Protection from Contamination</b>			
15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Food separated and protected			
16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food-contact surfaces; cleaned and sanitized			
17	<input checked="" type="radio"/> In <input type="radio"/> Out		
Proper disposition of returned, previously served, reconditioned and unsafe food			
<b>Time/Temperature Control for Safety</b>			
18	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooking time and temperatures			
19	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper reheating procedures for hot holding			
20	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper cooling time and temperature			
21	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper cold holding temperatures			
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			
24	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>			
25	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	<input type="radio"/> In <input 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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Food additives: approved and properly used			
28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Toxic substances properly identified, stored, and used			
<b>Conformance with Approved Procedures</b>			
29	<input type="radio"/> In <input 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

		COS	R
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	<input checked="" type="checkbox"/> Insects, rodents, and animals not present		
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

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

# Food Establishment Inspection Report

Establishment: La Unica Bakery Establishment #: 835

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine PPM: 50 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Bakery Display</u>	<u>41°</u>				
<u>True 3-door</u>	<u>32°</u>				
<u>Everest 2-door</u>	<u>25°</u>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
<u>38</u>	<u>Replace door sweep at back door to prevent the entrance of pests into the facility.</u>	<u>NKI</u>
<u>39</u>	<u>Refrain from storing scoops with handle down in contact with bulk product to prevent potential hand contact contamination. These must be stored handled up!</u>	
<u>47</u>	<u>Clean/replace bakers cart plastic covers. Some damaged/soiled must be replaced!</u>	
<u>49</u>	<u>Clean under arm of stand mixer. Food splash noted.</u>	
<u>49</u>	<u>Clean dough press. Food debris/grease noted.</u>	
<u>49</u>	<u>Clean exterior of Tri-Star oven/stove top and exterior of both imperial brand ovens. Grease build-up noted.</u>	
<u>55</u>	<u>Clean floor behind/under cookline equipment. Grease and food debris noted.</u>	
<u>55</u>	<u>Clean wall to right oven imperial oven. Grease/carbon build-up noted. ✓</u>	
	<u>→ notes on following page.</u>	

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

unknown at time of inspection

HACCP Topic: 2, 8, 16, 22

Person in Charge (Signature): [Signature] Date: 10/16/21

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

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Item Number

Violations cited in this report must be corrected within the time frames below.

### Notes:

\* Please submit Food Handler Training and Certified Food Protection Manager training for all employees. This facility is at risk for permit suspension if no CFPM is provided.

\* Facility shall not operate with doors propped open. Doors must remain closed at all times.

\* Please monitor refrigerated pastry display cases to ensure they are functioning properly at  $\leq 1^{\circ}\text{F}$  or below

\* If at any future field visit/inspection jalapeño cheese bread is out at Room temperature without cooling labels or being stored in pastry case I will suspend the food service permit for this facility immediately.

\* This facility must have a CFPM by next routine inspection == (NEI) or risk having permit suspended.

\* NO cooking/food prep being performed at time of inspection

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Person in Charge (Signature)

10/16/21

Date

Beetany

Inspector (Signature)

Follow-up:  Yes  No (Check one)

Follow-up Date: \_\_\_\_\_