

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	1	Date	9/3/21
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	12:00
Street Address		City/State	Permit Holder	Chance Brown		
City/State		ZIP Code	Purpose of Inspection	Routine		
Murphysboro IL		62966				

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			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)				Time/Temperature Control for Safety		
Employee Health				18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
3	<input checked="" type="radio"/> In <input type="radio"/> Out			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Proper use of restriction and exclusion			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Procedures for responding to vomiting and diarrheal events			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
Good Hygienic Practices					Consumer Advisory		
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	Proper eating, tasting, drinking, or tobacco use				Highly Susceptible Populations		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	No discharge from eyes, nose, and mouth				Food/Color Additives and Toxic Substances		
Preventing Contamination by Hands				27	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
	Hands clean and properly washed				Conformance with Approved Procedures		
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				GOOD RETAIL PRACTICES		
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Approved Source				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			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Safe Food and Water			
	Food obtained from approved source			30			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			31			
	Food received at proper temperature			32			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			Food Temperature Control			
	Food in good condition, safe, and unadulterated			33			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			34			
	Required records available: shellstock tags, parasite destruction			35			
GOOD RETAIL PRACTICES				36			
Safe Food and Water				Proper Use of Utensils			
30				43			
31				44			
32				45			
Food Temperature Control				46			
33				Utensils, Equipment and Vending			
34				47			
35				48			
36				49			
Food Identification				Physical Facilities			
37				50			
Prevention of Food Contamination				51			
38				52			
39				53			
40				54			
41				55			
42				56			
Employee Training				57			
Safe Food and Water				58			
30				Employee Training			
31				57			
32				58			

