

Food Establishment Inspection Report

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|---|--|-------------------------|--|---|---------------|---------------|---------|
| 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 | 8/27/21 |
| Establishment | | License/Permit # | | No. of Repeat Risk Factor/Intervention Violations | 1 | Time In | 10:45 |
| Street Address | | | | Permit Holder | Carolin Deane | Time Out | 11:45 |
| City/State | | ZIP Code | | Purpose of Inspection | Routine | Risk Category | II |
| Long Ranch Coffee House | | 202 | | | | | |
| 100 E Jackson St | | | | | | | |
| Carbondale | | 62901 | | | | | |

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 | | | | | | | |
| 1 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | 15 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | | |
| | Person in charge present, demonstrates knowledge, and performs duties | | | | Food separated and protected | | |
| 2 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A | | | 16 | <input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A | | |
| | Certified Food Protection Manager (CFPM) | | | | Food-contact surfaces; cleaned and sanitized | | |
| Employee Health | | | | | | | |
| 3 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | 17 | <input checked="" type="radio"/> In <input type="radio"/> Out | | |
| | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper disposition of returned, previously served, reconditioned and unsafe food | | |
| 4 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | Time/Temperature Control for Safety | | | |
| | Proper use of restriction and exclusion | | | 18 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | | |
| 5 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | | Proper cooking time and temperatures | | |
| | Procedures for responding to vomiting and diarrheal events | | | 19 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | | |
| Good Hygienic Practices | | | | | | | |
| 6 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O | | | | Proper reheating procedures for hot holding | | |
| | Proper eating, tasting, drinking, or tobacco use | | | 20 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | | |
| 7 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O | | | | Proper cooling time and temperature | | |
| | No discharge from eyes, nose, and mouth | | | 21 | <input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | | |
| Preventing Contamination by Hands | | | | | | | |
| 8 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O | | | | Proper hot holding temperatures | | |
| | Hands clean and properly washed | | | 22 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | | |
| 9 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | | | | Proper cold holding temperatures | | |
| | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | 23 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O | | |
| 10 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | | Proper date marking and disposition | | |
| | Adequate handwashing sinks properly supplied and accessible | | | 24 | <input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O | | |
| Approved Source | | | | | | | |
| 11 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | Consumer Advisory | | | |
| | Food obtained from approved source | | | 25 | <input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A | | |
| 12 | <input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O | | | Highly Susceptible Populations | | | |
| | Food received at proper temperature | | | 26 | <input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A | | |
| 13 | <input checked="" type="radio"/> In <input type="radio"/> Out | | | Food/Color Additives and Toxic Substances | | | |
| | Food in good condition, safe, and unadulterated | | | 27 | <input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A | | |
| 14 | <input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O | | | | Food additives: approved and properly used | | |
| | Required records available: shellstock tags, parasite destruction | | | 28 | <input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A | | |
| 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 |
|---|---|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water and ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 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 | | |
| Food Identification | | | |
| 37 | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, and animals not present | | |
| 39 | Contamination prevented during food preparation, storage and display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used and stored | | |
| 42 | Washing fruits and vegetables | | |

| Compliance Status | | COS | R |
|--|---|-----|---|
| Proper Use of Utensils | | | |
| 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 | | |
| Utensils, Equipment and Vending | | | |
| 47 | <input checked="" type="radio"/> X Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |
| Physical Facilities | | | |
| 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 | Physical facilities installed, maintained, and clean | | |
| 56 | Adequate ventilation and lighting; designated areas used | | |
| Employee Training | | | |
| 57 | <input checked="" type="radio"/> X All food employees have food handler training | | |
| 58 | Allergen training as required | | |

Food Establishment Inspection Report

Establishment: Longbranch Coffee House Establishment #: 202

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat/Bleach PPM: 200/100 Heat: N/A

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|-------------------------|-------|---------------|------|
| Walkin | 37°F | Steam Unit | - | | |
| Make Unit | 41°F | ◦ Gravy ⁽⁴⁵⁾ | 110°F | | |
| 3-Door Bar | 39°F | ◦ Vegetables | 118°F | | |
| 2-Door Milk | 36°F | | | | |
| Dessert Case | 38°F | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. | Correct By |
|--|--|------------|
| 16 | Provide proper wash, rinse, + Sanitize process for all soiled utensils in kitchen. Upon inspection cook taking knife spraying off w/ sprayer dipping in soapy water + placing on clean utensil magnetic strip. | 8/31/21 |
| 21 | Provide proper hot holding temp (135°F or greater) for all TCS food products in steam unit in kitchen. Upon inspection gravy @ 110°F + vegetables @ 118°F. | 8/31/21 |
| 47 | Repair condensing/drain issue w/ make unit in kitchen. Upon inspection excessive water pooling + overflowing onto floor. This water is a potential source of contamination if food is sitting in pooled water. | 9/2/21 |
| *Note: | | |
| ◦ All kitchen/bar staff must have food handler training. | | |
| ◦ Hot holding unit continues to be a recurring issue! | | |

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

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|--|--|--|--|
| | | | |
|--|--|--|--|

HACCP Topic: 16,21

Person in Charge (Signature): Carolyn Deane Date: 8/27/21

Inspector (Signature): [Signature] Follow-up: Yes No (Check one) Follow-up Date: 8/31/21