

# Food Establishment Inspection Report

|   |  |                                   |  |  |                        |
|---|--|-----------------------------------|--|--|------------------------|
| Jackson County Health Department<br>PO Box 307 – 415 Health Department Rd<br>Murphysboro IL 62966 |  | (618) 684-3143 ext. 128           |  | No. of Risk Factor/Intervention Violations <span style="font-size: 2em; vertical-align: middle;">2</span>        | Date <u>8/16/21</u>    |
| Establishment <u>The Masters</u>  |  | License/Permit # <u>1228</u>      |  | No. of Repeat Risk Factor/Intervention Violations <span style="font-size: 2em; vertical-align: middle;">1</span> | Time In <u>2:00</u>    |
| Street Address <u>5776 Country Club Rd.</u>   |  | City/State <u>Murphysboro, IL</u> |  | Permit Holder <u>Rebey Paul</u>  | Time Out <u>4:00</u>   |
| City/State <u>Murphysboro, IL</u>   |  | ZIP Code <u>62966</u>             |  | Purpose of Inspection <u>Routine</u>   | Risk Category <u>I</u> |

## 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 <u>In</u>                              |     |   |
| 2 <u>In</u>                              |     |   |
| <b>Employee Health</b>                   |     |   |
| 3 <u>In</u>                              |     |   |
| 4 <u>In</u>                              |     |   |
| 5 <u>In</u>                              |     |   |
| <b>Good Hygienic Practices</b>           |     |   |
| 6 <u>In</u>                              |     |   |
| 7 <u>In</u>                              |     |   |
| <b>Preventing Contamination by Hands</b> |     |   |
| 8 <u>In</u>                              |     |   |
| 9 <u>In</u>                              |     |   |
| 10 <u>In</u>                             |     |   |
| <b>Approved Source</b>                   |     |   |
| 11 <u>In</u>                             |     |   |
| 12 <u>In</u>                             |     |   |
| 13 <u>In</u>                             |     |   |
| 14 <u>In</u>                             |     |   |

| Compliance Status                                | COS | R |
|--|-----|---|
| <b>Protection from Contamination</b>             |     |   |
| 15 <u>In</u>                                     |     |   |
| 16 <u>In</u>                                     | X   |   |
| 17 <u>In</u>                                     |     |   |
| <b>Time/Temperature Control for Safety</b>       |     |   |
| 18 <u>In</u>                                     |     |   |
| 19 <u>In</u>                                     |     |   |
| 20 <u>In</u>                                     |     |   |
| 21 <u>In</u>                                     | X   | X |
| 22 <u>In</u>                                     |     |   |
| 23 <u>In</u>                                     |     |   |
| 24 <u>In</u>                                     |     |   |
| <b>Consumer Advisory</b>                         |     |   |
| 25 <u>In</u>                                     |     |   |
| <b>Highly Susceptible Populations</b>            |     |   |
| 26 <u>In</u>                                     |     |   |
| <b>Food/Color Additives and Toxic Substances</b> |     |   |
| 27 <u>In</u>                                     |     |   |
| 28 <u>In</u>                                     |     |   |
| <b>Conformance with Approved Procedures</b>      |     |   |
| 29 <u>In</u>                                     |     |   |

## 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 |
|---|-----|---|
| <b>Safe Food and Water</b>              |     |   |
| 30                                      |     |   |
| 31                                      |     |   |
| 32                                      |     |   |
| <b>Food Temperature Control</b>         |     |   |
| 33                                      |     |   |
| 34                                      |     |   |
| 35                                      |     |   |
| 36                                      |     |   |
| <b>Food Identification</b>              |     |   |
| 37                                      |     |   |
| <b>Prevention of Food Contamination</b> |     |   |
| 38                                      |     |   |
| 39                                      |     |   |
| 40                                      |     |   |
| 41                                      |     |   |
| 42                                      |     |   |

| Compliance Status                      | COS | R |
|--|-----|---|
| <b>Proper Use of Utensils</b>          |     |   |
| 43                                     |     |   |
| 44                                     |     |   |
| 45 X                                   |     |   |
| 46                                     |     |   |
| <b>Utensils, Equipment and Vending</b> |     |   |
| 47                                     |     |   |
| 48                                     |     |   |
| 49                                     |     |   |
| <b>Physical Facilities</b>             |     |   |
| 50                                     |     |   |
| 51                                     |     |   |
| 52                                     |     |   |
| 53                                     |     |   |
| 54                                     |     |   |
| 55                                     |     |   |
| 56                                     |     |   |
| <b>Employee Training</b>               |     |   |
| 57                                     |     |   |
| 58                                     |     |   |

# Food Establishment Inspection Report

Establishment: The Masters Establishment #: 1228

Water Supply:  Public  Private Waste Water System:  Public  Private Dm: 100

Sanitizer Type: Chlorine/Quat PPM: 0 (100) / 400 Heat: n/a

| TEMPERATURE OBSERVATIONS |      |               |      |               |      |
|--------------------------|------|---------------|------|---------------|------|
| Item/Location            | Temp | Item/Location | Temp | Item/Location | Temp |
| Bacon                    | 96°  | Hotdog roller | 148° |               |      |
| Onion Rings              | 106° |               |      |               |      |
| Make table               | 22°  | Sauerkraut    | 185° |               |      |
| Thru                     | 34°  | potatoes      | 188° |               |      |
| Walk in                  | 42°  |               |      |               |      |
| Bar area                 |      |               |      |               |      |
| - Beer Cooler            | 37°  |               |      |               |      |
| - Keg Cooler             | 36°  |               |      |               |      |

### OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below.   | Correct By |
|-------------|---|------------|
| 16          | Provide proper sanitizer concentration in all Sani-Cos buckets. Upon inspection, bucket @ cookline @ 0ppm. Employee stated he set them up around 10. Bleach loses its concentration over time. Sani buckets must read ~ 50-100ppm & be changed a minimum of every 4-hours. Corrected to 100ppm.   |            |
| 21          | Provide proper hot holding temperatures for Bacon @ under pass through warmer @ 135°F or greater. Upon inspection, Bacon @ 96°F. Manager stated lunch is from 11-3. Make enough bacon to get you through lunch. What's left @ 3:00pm gets discarded. Then @ dinner time, make enough for the rush & discard. Items discarded. (Additionally Onion Rings @ 106°F.) |            |
| 45          | Refrain from storing disposable single use togo containers <u>N/A</u>   |            |

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

HACCP Topic: 16, 21, 24

Kelsey Paul  
 Person in Charge (Signature) 8/16/21  
 Date

Phylla Bradley  
 Inspector (Signature) Follow-up:  Yes  No (Check one)  
 Follow-up Date: \_\_\_\_\_

# Food Establishment Inspection Report

Establishment: The masters

Establishment #: 1228

## OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below.   | Correct By |
|-------------|---|------------|
|             | (Cont'd)<br>On floor in Storage room off of dish washing area. All food related items must be a minimum of 6" off ground.   |            |
|             | NOTES<br>* Change Sani buckets every 4hrs.<br>* Bacon process:<br>Make enough for lunch 11-3 @ 3:00 all that's left gets discarded. Then cook to order.<br>make enough for dinner & discard @ end of night.<br>If this process isn't followed you will be required to label w/ time or it must be held on stove above 135°F or held in fridge under 41°F @ all times.<br>Gave form 7-B's. Must be completed by next inspection. |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |
|             |   |            |

Paul Kelly  
Person in Charge (Signature)

8/16/21  
Date

Maya Beasley  
Inspector (Signature)

Follow-up:  Yes  No (Check one)

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