

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 <u>5/27/21</u>
Establishment <u>McDonalds</u>		License/Permit # <u>1072</u>	No. of Repeat Risk Factor/Intervention Violations 0	Time In <u>9:30AM</u>
Street Address <u>1920 S. Illinois Ave</u>			Permit Holder <u>SMTJ-2 Inc</u>	Time Out <u>10:35AM</u>
City/State <u>Carbondale, IL</u>		ZIP Code <u>62902</u>	Purpose of Inspection <u>Routine</u>	Risk Category <u>II</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	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, 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							
3	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting				19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O	
4	<input checked="" type="radio"/> In <input type="radio"/> Out				20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O	
	Proper use of restriction and exclusion				21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O	
5	<input checked="" type="radio"/> In <input type="radio"/> Out				22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O	
	Procedures for responding to vomiting and diarrheal events				23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O	
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O				24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O	
	Proper eating, tasting, drinking, or tobacco use			Consumer Advisory			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			Highly Susceptible Populations			
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	Hands clean and properly washed			Food/Color Additives and Toxic Substances			
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A	
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Conformance with Approved Procedures			
	Adequate handwashing sinks properly supplied and accessible			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Compliance with variance/specialized process/HACCP			
	Food obtained from approved source						
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			GOOD RETAIL PRACTICES			
	Food received at proper temperature			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			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			
	Food in good condition, safe, and unadulterated			COS R			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O			Safe Food and Water			
	Required records available: shellstock tags, parasite destruction			30			

Compliance Status		COS	R	Compliance Status		COS	R
Proper Use of Utensils							
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending			
35	Approved thawing methods used			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification							
37	Food properly labeled; original container			49	<input checked="" type="checkbox"/> Non-food contact surfaces clean		
Prevention of Food Contamination							
38	<input checked="" type="checkbox"/> Insects, rodents, and animals not present			Physical Facilities			
39	Contamination prevented during food preparation, storage and display			50	Hot and cold water available; adequate pressure		
40	Personal cleanliness			51	Plumbing installed; proper backflow devices		
41	Wiping cloths: properly used and stored			52	Sewage and waste water properly disposed		
42	Washing fruits and vegetables			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		
Employee Training							
57	All food employees have food handler training						
58	Allergen training as required						

Food Establishment Inspection Report

Establishment: McDonald's Establishment #: 1072

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat / Chlorine PPM: 200/50 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
<u>Cold hold tomatoes (shred)</u>	<u>40°</u>		<u>Hot hold</u>		
<u>#6 cooler</u>	<u>38°</u>		<u>Sausage</u>	<u>148°</u>	
<u>True cooler (2-door)</u>	<u>40°</u>		<u>egg</u>	<u>146°</u>	
<u>#11 drawer cooler</u>	<u>41°</u>		<u>AH</u>	<u>150°</u>	
<u>walk-in</u>	<u>41°</u>				
<u>Beverage-air (coffee)</u>	<u>41°</u>				
<u>multiplex (coffee)</u>	<u>37°</u>				
<u>Beverage-air</u>	<u>38°</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 North exterior door in dry storage to prevent the potential entrance of pests.</u>	<u>N/A</u>
<u>49</u>	<u>Clean interior bottom of beverage-air brand cooler below coffee station at drive thru drive-thru area. Dried milk/cream noted.</u>	↓
<u>49</u>	<u>Clean vent shroud of walk-in cooler refrigeration unit. Dust build-up noted.</u>	
<u>55</u>	<u>Clean ceiling tiles throughout kitchen. Food splash noted.</u>	
<u>Notes:</u>		
<ul style="list-style-type: none"> <u>• time to clean behind the fryer (grease build up from morning spill).</u> <u>• As a reminder all employees, including management, must wear effective restraints in dishwash + food prep areas.</u> 		

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

J. Marie Noel
 # 0116799364 (new) Others on file
 expired (on file)

HACCP Topic: 2, 16, 21

Stacy Norman 5/27/21
 Person in Charge (Signature) Date

Butterfly Jones Follow-up: Yes No (Check one) Follow-up Date: _____
 Inspector (Signature)