

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	12/6/19		
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	1	Time In	1:20		
Street Address		City/State		Permit Holder	Joseph Batchelor		Time Out	2:10	
ZIP Code		62901		Purpose of Inspection	Routine			Risk Category	I

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 <input type="radio"/> N/A <input type="radio"/> N/O		
2	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="radio"/> In <input type="radio"/> Out			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
4	<input checked="" type="radio"/> In <input type="radio"/> Out			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			19	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Good Hygienic Practices				Consumer Advisory			
6	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/O			20	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			21	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O		
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		XX
10	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A <input type="radio"/> N/O		
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			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			Conformance with Approved Procedures			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			26	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A		
14	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input checked="" type="radio"/> N/O			27	<input type="radio"/> In <input type="radio"/> Out <input checked="" type="radio"/> N/A		
				28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
				29	<input type="radio"/> In <input type="radio"/> Out <input checked="" 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	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	<input checked="" type="radio"/> Utensils, equipment & linens: properly stored, dried, & handled		X
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
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				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			Employee Training			
Prevention of Food Contamination				50	All food employees have food handler training		
38	Insects, rodents, and animals not present			51	Allergen training as required		
39	<input checked="" type="radio"/> Contamination prevented during food preparation, storage and display	XX	XX				
40	Personal cleanliness						
41	Wiping cloths: properly used and stored						
42	Washing fruits and vegetables						

Food Establishment Inspection Report

Establishment: Meo Myo Cafe Establishment #: 1125

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
SABA 2 Dr. Fridge		36.3°						
Arctic Air 2 Dr. Make		36.7°						
Top Section		36.4°						
Olive Relish		36.5°						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
23	Label all cooked, TCS foods in SABA 2 door commercial refrigerator with name of product & date prepared.	COS
39	Keep all prepared foods covered in 2 door refrigerator to prevent contamination.	COS
44	Remove cloth towel from glasses sitting at front waitress area. Towels are absorbant and can harbor bacteria.	NRI

CFPM Verification (name, expiration date, ID#):
Joseph Botchelor
#01456538
exp. 2/27/20

HACCP Topic: #8, #23

Joseph Botchelor _____ 12/6/19
 Person in Charge (Signature) Date

Steven C. Williams _____
 Inspector (Signature)

Follow-up: Yes No (Check one) Follow-up Date: _____