

# 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 <span style="float: right;">0</span>	Date <span style="float: right;">7/7/24</span>
Establishment <span style="font-size: 1.2em;">Pita Alley</span>	License/Permit # <span style="font-size: 1.2em;">921</span>		No. of Repeat Risk Factor/Intervention Violations <span style="float: right;">0</span>	Time In <span style="float: right;">1820</span>
Street Address <span style="font-size: 1.2em;">1711 W Main St</span>			Permit Holder	Time Out
City/State <span style="font-size: 1.2em;">Carbondale</span>	ZIP Code <span style="font-size: 1.2em;">62901</span>		Purpose of Inspection <span style="font-size: 1.2em;">Routine</span>	Risk Category <span style="font-size: 1.2em;">II</span>

## 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
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT Person in charge present, demonstrates knowledge, and performs duties			15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Certified Food Protection Manager (CFPM)			16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized		
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT Proper use of restriction and exclusion			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time and temperatures		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT Procedures for responding to vomiting and diarrheal events			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding		
<b>Good Hygienic Practices</b>				20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature		
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
<b>Preventing Contamination by Hands</b>				23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition		
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Hands clean and properly washed			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Time as a Public Health Control; procedures & records		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			<b>Consumer Advisory</b>			
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT Adequate handwashing sinks properly supplied and accessible			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
<b>Approved Source</b>				<b>Highly Susceptible Populations</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food obtained from approved source			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food received at proper temperature			<b>Food/Color Additives and Toxic Substances</b>			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT Food in good condition, safe, and unadulterated			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Food additives: approved and properly used		
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction			28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Toxic substances properly identified, stored, and used		
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Compliance with variance/specialized process/HACCP		
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	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
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		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
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
<b>Proper Use of Utensils</b>			
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		
<b>Utensils, Equipment and Vending</b>			
47	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		
<b>Physical Facilities</b>			
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		
<b>Employee Training</b>			
57	All food employees have food handler training		
58	Allergen training as required		

# Food Establishment Inspection Report

Establishment: Pita Alley Establishment #: 921  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Bleach PPM: 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pizza Unit	39°F	Warmer	—		
2-Door Unit	36°F	• Rice	181°F		
2-Door Home Style	41°F				
Home Style Unit	40°F	Gyro Meat	—		
Kitchen Make Table	41°F	• Freezer	86°F		
Walkin	36°F	• Cooling			
Waitress Unit	39°F				

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	*No violations @ time of inspection	
	*Note	
	• Store all extra rags in one location + store all used rags in wiping cloth bucket when not in use.	
	• Remind staff to use gloves/utensils when needed.	

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

--	--	--	--

HACCP Topic: 16, 21, 22

Person in Charge (Signature) [Signature] Date 7/7/21

Inspector (Signature) [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_