

# 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	9/13/21
Establishment <b>Popeyes Chicken</b>		License/Permit # <b>1082</b>		No. of Repeat Risk Factor/Intervention Violations	0	Time In	1:50
Street Address <b>500 East Walnut</b>		City/State <b>Carbondale, IL</b>		Permit Holder <b>Anthony Washington - GM</b>	Time Out		3:00
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</b>		Purpose of Inspection <b>Monthly #3</b>	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	Description	COS	R	Compliance Status	Description	COS	R
<b>Supervision</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, N/A, N/O Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Certified Food Protection Manager (CFPM)			16	<input type="radio"/> In <input checked="" type="radio"/> Out, N/A Food-contact surfaces; cleaned and sanitized	X	
<b>Employee Health</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			<b>Time/Temperature Control for Safety</b>			
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events			18	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O Proper cooking time and temperatures		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Proper eating, tasting, drinking, or tobacco use			19	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O Proper reheating procedures for hot holding		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O No discharge from eyes, nose, and mouth			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O Proper cooling time and temperature		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Hands clean and properly washed			21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper hot holding temperatures		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cold holding temperatures		
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper date marking and disposition		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source			24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Time as a Public Health Control; procedures & records		
12	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O Food received at proper temperature			<b>Consumer Advisory</b>			
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated			25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
14	<input type="radio"/> In, <input type="radio"/> Out, N/A, N/O Required records available: shellstock tags, parasite destruction			<b>Highly Susceptible Populations</b>			
<b>GOOD RETAIL PRACTICES</b>							
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	Description	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	<input checked="" type="radio"/> Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

Compliance Status	Description	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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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: Popeyes Establishment #: 1082

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: 400 <sup>corrected to</sup> 400 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Breading Station		Chicken in Walkin	32°	Rice	179°
- Chicken	36°	Waco XL Fridge	34°	Mashed potato	188°
- Batter	34°				
Secondary Station		Chicken	167°		
- Chicken	33°	" "	160°		
- Batter	36°	Chicken Strip	148°		
		Chicken Filet	134°		
Walk in	46°				

### 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 @ all times food is prepped / served. No Sanibuckets or Sink set up @ time of inspection.	COS
40	Provide hair restraints for all employees. <del>NR</del> Several employees noted w/ no restraints.	NR1
49	Provide container + closure for 1/2 gal / 1 gal to go drink containers. Currently in a bag with excessive splash on it. When touching this bag, you contaminate your hands. This entire area needs cleaned + tidied up from drink splash.	
49	Clean build up on sides of sheet pans. Aids to scratch build up grease off pans.	
49	Clean exterior of Waco XL Biscuit roller @ front counter. This cooler needs pulled out + cleaned front to back.	
49	Clean Waco XL freezer located next to fry area. Splashed.	

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

HACCP Topic: 16, 8, 10, 21, 22, 23, 24, 28

Anthony Washington 9/13/21  
 Person in Charge (Signature) Date

Chyna Beasley  
 Inspector (Signature)

Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_

