

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 4	Date <u>5/20/21</u>
Establishment <u>Qin Guan</u>		License/Permit # <u>9163</u>		No. of Repeat Risk Factor/Intervention Violations 2	Time In
Street Address <u>1285 E Main St</u>		City/State <u>Carbondale</u>		Permit Holder <u>Dian Ming Ke</u>	Time Out
City/State <u>Carbondale</u>		ZIP Code <u>62901</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	Description	COS	R	Compliance Status	Description	COS	R
Supervision				Protection from Contamination			
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		
Employee Health				Time/Temperature Control for Safety			
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		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use			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		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O No discharge from eyes, nose, and mouth			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper hot holding temperatures		
Preventing Contamination by Hands				Highly Susceptible Populations			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Hands clean and properly washed			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cold holding temperatures		
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			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		
10	<input checked="" type="radio"/> In, <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			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		
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out Food obtained from approved source			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
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			Conformance with Approved Procedures			
13	<input checked="" type="radio"/> In, <input type="radio"/> Out Food in good condition, safe, and unadulterated			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
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			27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Food additives: approved and properly used		
				28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Toxic substances properly identified, stored, and used		
				29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Compliance with variance/specialized process/HACCP		

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				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	Compliance Status	Description	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	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				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			47	X Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	X Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	X Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
Prevention of Food Contamination				Employee Training			
38	X Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	X Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	X Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	X Physical facilities installed, maintained, and clean		
				56	X 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: Quin Guan Establishment #: 963
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Bleach PPM: _____ Heat: _____

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	36°F	Cold Bar	—	Room Temp	
Make Table	40°F	-Label for 4 hour		• Noodles x 2	64/67°F
• Sushi	57°F	Buffet	—		
• Eggs	64-42°F	-Label for 4 hour			
• Meat	49°F	Rice Warmer x 3	164-150°F		
Everest 3-Door	40°F	Soup Wells	—		
Coke Single Door	39°F	• Rice	164°F		
Sushi Cooler	37°F	• Hot + Sour	148°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
2	Provide certified food manager e all times for is being prepared + served.	5/24/21
6	Instruct employees to only have drinks w/ lids + straws. Several open energy drinks throughout kitchen.	
22	Provide proper cold holding temp for all TCS products stored behind cook's line. 2 x 1 Noodles e 64/67°F. All product discarded.	
22	Provide proper cold holding temp (41°F or less) for all TCS food product in upper portion of make table. Eggs e 64-42°F, meat e 49°F, + sushi e 57°F. You can not store TCS product above cold line in make unit!	
23	Provide accurate 7-day discard labels for all cooked TCS product in walkin. 3 Bins of cooked chicken w/o labels! All items discarded. Any item found w/o a label on future field visits or inspections will be thrown away immediately!	

CFPM Verification (name, expiration date, ID#):
None

HACCP Topic: 2, 6, 22, 23, 24,

Person in Charge (Signature) [Signature] Date 5/20/21

Inspector (Signature) [Signature] Follow-up: Yes No (Check one) Follow-up Date: 5/24/21

Food Establishment Inspection Report

Establishment: Ouin Guan

Establishment #: 963

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item Number	Violations cited in this report must be corrected within the time frames below.	
39	Refrain from using bowls as scoops in bulk product throughout facility. Scoops must have a handle + stored w/ handle up.	5/24/21
41	Ensure all wiping cloth rags are stored in buckets when not in use.	
47	Clean all dish machine racks in kitchen. Excessive grease/oil/food debris noted.	
49	Clean soda fountain, by nozzles, @ waitress station in front of house.	
55	Clean floor/wall behind cooking equipment + below equipment which runs through the middle of the kitchen. Oil/grease/food debris noted.	✓
<p>*Note:</p> <ul style="list-style-type: none"> • You must ensure you are doing accurate 4-hour labeling or maintaining 135°F or greater/41°F or less for all product on buffet. If food is found out of temp w/ label it will be discarded immediately + your permit will be suspended immediately! Continue to monitor this issue. You must date label sheet! • Due to continued FBI issues you are being placed on an accelerated inspection schedule effective immediately. Your kitchen staff must be trained to effectively perform general food tasks safely! 		

Person in Charge (Signature) Heber He

Date 5/20/21

Inspector (Signature) [Signature]

Follow-up: Yes No (Check one)

Follow-up Date: 5/24/21