

# 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	3	Date	8/27/21	
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	3:30	
Street Address		City/State		Permit Holder	Mark Davis			
ZIP Code		162-940		Purpose of Inspection	Routine			
164 Eastman Rd.		Gorham, IL		Risk Category				1

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
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		X
Certified Food Protection Manager (CFPM)				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			17	<input checked="" type="radio"/> In <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	<input checked="" type="radio"/> In <input type="radio"/> Out			19	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			20	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Hands clean and properly washed				Proper cold holding temperatures			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			23	<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				Proper date marking and disposition			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			24	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records			
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Food obtained from approved source				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			<b>Conformance with Approved Procedures</b>			
Food received at proper temperature				26	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
13	<input checked="" type="radio"/> In <input type="radio"/> Out		X	Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				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			27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			X
<b>GOOD RETAIL PRACTICES</b>				<b>Proper Use of Utensils</b>			

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Utensils, Equipment and Vending</b>			
30	<input checked="" type="radio"/> In <input type="radio"/> Out			43	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Pasteurized eggs used where required				In-use utensils: properly stored			
31	<input checked="" type="radio"/> In <input type="radio"/> Out			44	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Water and ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32	<input checked="" type="radio"/> In <input type="radio"/> Out			45	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored and used			
<b>Food Temperature Control</b>				46	<input checked="" type="radio"/> In <input type="radio"/> Out		
33	<input checked="" type="radio"/> In <input type="radio"/> Out			Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				<b>Physical Facilities</b>			
34	<input checked="" type="radio"/> In <input type="radio"/> Out			50	<input checked="" type="radio"/> In <input type="radio"/> Out		
Plant food properly cooked for hot holding				Hot and cold water available; adequate pressure			
35	<input checked="" type="radio"/> In <input type="radio"/> Out			51	<input checked="" type="radio"/> In <input type="radio"/> Out		
Approved thawing methods used				Plumbing installed; proper backflow devices			
36	<input checked="" type="radio"/> In <input type="radio"/> Out			52	<input checked="" type="radio"/> In <input type="radio"/> Out		
Thermometers provided & accurate				Sewage and waste water properly disposed			
<b>Food Identification</b>				53	<input checked="" type="radio"/> In <input type="radio"/> Out		
37	<input checked="" type="radio"/> In <input type="radio"/> Out			Toilet facilities: properly constructed, supplied, & cleaned			
Food properly labeled; original container				54	<input checked="" type="radio"/> In <input type="radio"/> Out		
<b>Prevention of Food Contamination</b>				Garbage & refuse properly disposed; facilities maintained			
38	<input checked="" type="radio"/> In <input type="radio"/> Out			55	<input checked="" type="radio"/> In <input type="radio"/> Out		
Insects, rodents, and animals not present				Physical facilities installed, maintained, and clean			
39	<input checked="" type="radio"/> In <input type="radio"/> Out		X	56	<input checked="" type="radio"/> In <input type="radio"/> Out		
Contamination prevented during food preparation, storage and display				Adequate ventilation and lighting; designated areas used			
40	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Employee Training</b>			
Personal cleanliness				57	<input checked="" type="radio"/> In <input type="radio"/> Out		
41	<input checked="" type="radio"/> In <input type="radio"/> Out			All food employees have food handler training			
Wiping cloths: properly used and stored				58	<input checked="" type="radio"/> In <input type="radio"/> Out		
42	<input checked="" type="radio"/> In <input type="radio"/> Out			Allergen training as required			
Washing fruits and vegetables							

# Food Establishment Inspection Report

Establishment: Roses Bourbon Trail Establishment #: 1142

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine PPM: 200+ / corrected to 100 Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	39°				
Fridge-Kitchen	36°				
Sausage on cooler	41°				
Bar cooler	40°				
Bar cooler	41°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
13	Dispose all moldy food in Walkin cooler. Upon inspection, peppers & tomatoes observed with mold. product discarded.	COS
16/47	Refrain from using paper towels under cups on Bar cooler closest to kitchen. Paper towel has splash on it & is contaminating clean cups. All of these items need washed. You can use shelf liner that is smooth, easily cleanable, non-absorbant. paper towels are absorbant.	COS
39	Refrain from storing raw products above RTE food items. Upon inspection, in walk in Raw Bacon on top shelf above multiple RTE items & in Homestyle Fridge, Raw frog legs above Slaw.	COS
28	Provide proper sanitizer concentration in Sani buckets. Both kitchen & bar @ 200ppm.	COS

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

Mark Davis  
#0074658 exp 10/24

HACCP Topic:

[Signature] 8/27/21  
 Person in Charge (Signature) Date

[Signature]  
 Inspector (Signature)

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