

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: 7/21/21
Establishment: Scouter's Coffee		License/Permit #: 1247		No. of Repeat Risk Factor/Intervention Violations: 0	Time In: 10:30
Street Address: 923 W Main St				Permit Holder: Madalyn Gibson	Time Out: 11:25
City/State: Carbondale		ZIP Code: 62901		Purpose of Inspection: 2-Week (Routine)	Risk Category: III

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
Supervision			
1	<input checked="" type="radio"/> In, <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties		
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Certified Food Protection Manager (CFPM)		
Employee Health			
3	<input checked="" type="radio"/> In, <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	<input checked="" type="radio"/> In, <input type="radio"/> Out Proper use of restriction and exclusion		
5	<input checked="" type="radio"/> In, <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use		
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O Hands clean and properly washed		
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		
10	<input checked="" type="radio"/> In, <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out Food obtained from approved source		
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		
13	<input checked="" type="radio"/> In, <input type="radio"/> Out Food in good condition, safe, and unadulterated		
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		

Compliance Status		COS	R
Protection from Contamination			
15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Food separated and protected		
16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized		
17	<input checked="" type="radio"/> In, <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
Time/Temperature Control for Safety			
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		
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		
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		
21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper hot holding temperatures		
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cold holding temperatures		
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		
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		
Consumer Advisory			
25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
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		
Conformance with Approved Procedures			
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

		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
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		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
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		

		COS	R
Proper Use of Utensils			
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		
Utensils, Equipment and Vending			
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		
Physical Facilities			
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		
Employee Training			
57	All food employees have food handler training		
58	Allergen training as required		

Food Establishment Inspection Report

Establishment: Scooter's Coffee Establishment #: 1247

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 150/200 Heat: R/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
2-Door Undercounter 1	36°F		Burnito	140°F	
(") 2	41°F				
(") 3	39°F				
2-Door Standing	36°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
10	Provide access to soap & hand sink in front & all times. Upon inspection containers of coffee beans blocking soap this area must be free of clutter & all times.	
39	Refrain from storing any food related items on floor throughout facility. All items must be a min of 6" off floor.	
40	Provide hair restraints for all employees & all times in facility.	
	*Note • Ensure window employee is washing hands on a routine basis to ensure clean hands.	

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

R/A _____ _____

HACCP Topic: 16, 21, 22

Person in Charge (Signature) Wahleem Chesser Date 7/21/21

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