

# 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	0	Date	7/14/21	
Establishment		License/Permit #	No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:50	
Street Address			Permit Holder	Sergio Mendes		Time Out	11:45
City/State		ZIP Code	Purpose of Inspection		Risk Category		
Carbondale		62901	Routine		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		COS	R	Compliance Status		COS	R
<b>Supervision</b>							
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
	Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized		
<b>Employee Health</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			<b>Time/Temperature Control for Safety</b>			
	Proper use of restriction and exclusion			18	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out				Proper cooking time and temperatures		
	Procedures for responding to vomiting and diarrheal events			19	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O				Proper reheating procedures for hot holding		
	Proper eating, tasting, drinking, or tobacco use			20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O				Proper cooling time and temperature		
	No discharge from eyes, nose, and mouth			21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O				Proper hot holding temperatures		
	Hands clean and properly washed			22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O				Proper cold holding temperatures		
	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, N/A, N/O		
10	<input checked="" type="radio"/> In <input type="radio"/> Out				Proper date marking and disposition		
	Adequate handwashing sinks properly supplied and accessible			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Consumer Advisory</b>			
	Food obtained from approved source			25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
12	<input type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			<b>Highly Susceptible Populations</b>			
	Food received at proper temperature			26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
13	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Food/Color Additives and Toxic Substances</b>			
	Food in good condition, safe, and unadulterated			27	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
14	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O				Food additives: approved and properly used		
	Required records available: shellstock tags, parasite destruction			28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
<b>Conformance with Approved Procedures</b>							
29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			29	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" 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

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required			<b>Proper Use of Utensils</b>			
31	Water and ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			<b>Utensils, Equipment and Vending</b>			
36	Thermometers provided & accurate			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>							
37	Food properly labeled; original container			48	Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, and animals not present			49	Non-food contact surfaces clean		
39	Contamination prevented during food preparation, storage and display			<b>Physical Facilities</b>			
40	Personal cleanliness			50	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored			51	Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables			52	Sewage and waste water properly disposed		
<b>Employee Training</b>							
57	All food employees have food handler training			53	Toilet facilities: properly constructed, supplied, & cleaned		
58	Allergen training as required			54	Garbage & refuse properly disposed; facilities maintained		

# Food Establishment Inspection Report

Establishment: Sergio's Cantina Establishment #: 11601

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Bleach PPM: 100 Heat: R/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin		Steam Table	-		
2-Door Salsa		o Rice	135°F		
2-Door Cheese		o Chicken	181°F		
3-Door Raw					
Make Table					

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
51	Repair faucet @ 3-comp sink. Currently leaking which is leading to staff turning off water to unit all together. This must be available for use!	
56	Refrain from using cooking equipment in back of kitchen if it is not below reachback. This is a reoccurring issue. If this is found again on future field visits or inspections your permit will be suspended immediately!	
	o Note:	
	o Refrain from wearing rags on belt! Store in sani-bucket @ all times not in use!	
	o Very good job on cleaning + labeling.	

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

Fermin Zarate (PIC) \_\_\_\_\_

HACCP Topic: 16, 21, 22

Person in Charge (Signature) *Fermin Zarate* Date 7/14/21

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