

# 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	Date <b>11/18/21</b>
Establishment <b>Subway</b>		License/Permit # <b>488</b>		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>12:45</b>
Street Address <b>1617 Walnut Street</b>		City/State <b>Murphysboro, IL</b>		Permit Holder <b>Danielle Burden</b>	Time Out <b>1:30</b>
City/State <b>Murphysboro, IL</b>		ZIP Code <b>62916</b>		Purpose of Inspection <b>Routine</b>	Risk Category <b>II</b>

## 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
<b>Supervision</b>			
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)		
<b>Employee Health</b>			
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		
<b>Good Hygienic Practices</b>			
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		
<b>Preventing Contamination by Hands</b>			
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		
<b>Approved Source</b>			
11	<input checked="" type="radio"/> In, <input type="radio"/> Out Food obtained from approved source		
12	<input 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 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	Description	COS	R
<b>Protection from Contamination</b>			
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		
<b>Time/Temperature Control for Safety</b>			
18	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooking time and temperatures		
19	<input 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 type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooling time and temperature		
21	<input 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 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		
<b>Consumer Advisory</b>			
25	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
<b>Highly Susceptible Populations</b>			
26	<input type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
<b>Food/Color Additives and Toxic Substances</b>			
27	<input 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		
<b>Conformance with Approved Procedures</b>			
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	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	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	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	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: Subway Establishment #: 488

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Quat PPM: 200 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Make table</u>					
<u>- Roast beef</u>	<u>39°</u>				
<u>- tuna</u>	<u>36°</u>				
<u>- tomato</u>	<u>34°</u>				
<u>Walkin</u>	<u>38°</u>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
	<u>NO Violations observed.</u>	

CFPM Verification (name, expiration date, ID#):  
Danielle Burden  
#1727337 exp 12/23

HACCP Topic: \_\_\_\_\_

Danielle Burden \_\_\_\_\_ 11/18/21  
 Person in Charge (Signature) Date

Dayla Baskley \_\_\_\_\_  
 Inspector (Signature)

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