

# 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	1/23/20
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	0	Time In	12:20
Street Address		City/State		Permit Holder	Karac Stephens		
City/State		ZIP Code		Purpose of Inspection	Routine		
Subway - SI 2a		490		1255 Lincoln Dr		Carbon Dale	
62901							

## 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			Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In <input type="radio"/> Out, 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, N/O			Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In <input type="radio"/> Out, 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, N/O			Hands clean and properly washed			
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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 checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" 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 checked="" type="radio"/> N/A, N/O			Required records available: shellstock tags, parasite destruction			
<b>Protection from Contamination</b>							
15	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Food separated and protected			
16	<input checked="" type="radio"/> In <input type="radio"/> Out, 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O			Proper cooking time and temperatures			
19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O			Proper cooling time and temperature			
21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Proper hot holding temperatures			
22	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Proper cold holding temperatures			
23	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Proper date marking and disposition			
24	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, N/O			Time as a Public Health Control; procedures & records			
<b>Consumer Advisory</b>							
25	<input checked="" 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 checked="" 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 checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A			Food additives: approved and properly used			
28	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A			Toxic substances properly identified, stored, and used			
<b>Conformance with Approved Procedures</b>							
29	<input checked="" 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	<input type="checkbox"/>			Pasteurized eggs used where required			
31	<input type="checkbox"/>			Water and ice from approved source			
32	<input type="checkbox"/>			Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>							
33	<input type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control			
34	<input type="checkbox"/>			Plant food properly cooked for hot holding			
35	<input type="checkbox"/>			Approved thawing methods used			
36	<input type="checkbox"/>			Thermometers provided & accurate			
<b>Food Identification</b>							
37	<input type="checkbox"/>			Food properly labeled; original container			
<b>Prevention of Food Contamination</b>							
38	<input type="checkbox"/>			Insects, rodents, and animals not present			
39	<input type="checkbox"/>			Contamination prevented during food preparation, storage and display			
40	<input type="checkbox"/>			Personal cleanliness			
41	<input type="checkbox"/>			Wiping cloths: properly used and stored			
42	<input type="checkbox"/>			Washing fruits and vegetables			
<b>Proper Use of Utensils</b>							
43	<input type="checkbox"/>			In-use utensils: properly stored			
44	<input type="checkbox"/>			Utensils, equipment & linens: properly stored, dried, & handled			
45	<input type="checkbox"/>			Single-use/single-service articles: properly stored and used			
46	<input type="checkbox"/>			Gloves used properly			
<b>Utensils, Equipment and Vending</b>							
47	<input type="checkbox"/>			Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input type="checkbox"/>			Warewashing facilities: installed, maintained, & used; test strips			
49	<input type="checkbox"/>			Non-food contact surfaces clean			
<b>Physical Facilities</b>							
50	<input type="checkbox"/>			Hot and cold water available; adequate pressure			
51	<input type="checkbox"/>			Plumbing installed; proper backflow devices			
52	<input type="checkbox"/>			Sewage and waste water properly disposed			
53	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, & cleaned			
54	<input type="checkbox"/>			Garbage & refuse properly disposed; facilities maintained			
55	<input type="checkbox"/>			Physical facilities installed, maintained, and clean			
56	<input type="checkbox"/>			Adequate ventilation and lighting; designated areas used			
<b>Employee Training</b>							
57	<input type="checkbox"/>			All food employees have food handler training			
58	<input type="checkbox"/>			Allergen training as required			



# Food Establishment Inspection Report

Establishment: Subway-S12 Establishment #: 990  
 Water Supply:  Public  Private Waste Water System:  Public  Private  
 Sanitizer Type: Quat PPM: 300 Heat: FLA

TEMPERATURE OBSERVATIONS								
Item/Location		Temp	Item/Location		Temp	Item/Location		Temp
Walkin		39°F	Vegi Unit					
Primary Unit			◦ Tomato		41°F			
◦ Bacon		48°F	◦ Lettuce		39°F			
◦ Yellow Eggs		50°F	2-Door Unit (Milk)		37°F			
◦ Vegi Patty		50°F						
◦ Bologna		48°F	Warming Unit					
◦ Cheese		41°F	◦ Chicken		140°F			
◦ Roast Beef		41°F	◦ Meatballs		98°F			

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions	Date
	(K/S) Violations cited in this report must be corrected within the time frames below.	
22	Provide proper hot & cold holding temp (41°F or less) for all TCS/PHF products in primary unit. Upon inspection Bacon @ 48°F, Vegi Patty @ 50°F, Bologna @ 48°F, + Yellow Eggs @ 50°F. Some products in table @ proper temp, but these items had be recently changed out. This unit does not appear to be functioning properly. Facility to utilize 4-hour discard vs temp for product here until unit repair. All product out of temp discarded.	1/27/20
	*Note ◦ Meatballs @ warming unit @ 98°F. Facility is using time vs temp as a control here. This product should be heated to 165°F per Subway procedures, prior to being placed in hot holding. ◦ Only one person working @ store w/ their CFPM. You need to have another person enroll in this class to ensure you have manager (CFPM) coverage!	

CFPM Verification (name, expiration date, ID#):  
 Name: Stephens (PIC)  
 # 17236419 x 12/23

HACCP Topic: 16, 22, 21

Kanae Stephen 1/23/20  
 Person in Charge (Signature) Date

[Signature] Follow-up:  Yes  No (Check one)  
 Inspector (Signature) Follow-up Date: 1/27/20