

# 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 <b>2</b>	Date <b>5/19/21</b>
Establishment <b>Sunny Street Cafe</b> Street Address <b>900 E Walnut St</b> City/State <b>Carbondale</b> ZIP Code		No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>9:45</b>
License/Permit # <b>1030</b>		Permit Holder <b>Charles Cisco</b>	Time Out <b>10:45</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		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		
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 checked="" 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 checked="" 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			Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				27	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
14	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> 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 <input type="radio"/> N/A		
				Toxic substances properly identified, stored, and used			
				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							
Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	Pasteurized eggs used where required			43	In-use utensils: properly stored		
31	Water and ice from approved source			44	Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			<b>Physical Facilities</b>			
35	Approved thawing methods used			50	Hot and cold water available; adequate pressure		
36	Thermometers provided & accurate			51	Plumbing installed; proper backflow devices		
<b>Food Identification</b>				52	Sewage and waste water properly disposed		
37	Food properly labeled; original container			53	Toilet facilities: properly constructed, supplied, & cleaned		
<b>Prevention of Food Contamination</b>				54	Garbage & refuse properly disposed; facilities maintained		
38	Insects, rodents, and animals not present			55	Physical facilities installed, maintained, and clean		
39	Contamination prevented during food preparation, storage and display			56	Adequate ventilation and lighting; designated areas used		
40	Personal cleanliness			<b>Employee Training</b>			
41	Wiping cloths: properly used and stored			57	All food employees have food handler training		
42	Washing fruits and vegetables			58	Allergen training as required		

# Food Establishment Inspection Report

Establishment: Sunny Street Cafe Establishment #: 1030

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Bleach / Quat PPM: 100/200 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Walkin	39°F	Steam Well	-		
Make Table #1	38°F	◦ Gravy	181°F		
( " ) #2	39°F	Waitress Steam Unit	-		
( " ) #3	40°F	◦ Grits	171°F		
Standing 2-Door	36°F	Grill	-		
Waitress Unit #1	39°F	◦ Bacon	167°F		
( " ) #2	37°F	◦ Chicken	168°F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
8	Ⓚ Provide proper gloves use + handwashing for all cook's & flatten grill. Upon inspection cook cracking shelled eggs + not changing gloves or washing hands	COS
16/41	Instruct employees & cook's thru on proper use of wiping cloth <sup>(K1)</sup> in kitchen. Several rags lying around on surfaces throughout kitchen. These must be stored in buckets when not in use.	COS
49	Clean interior of microwares in kitchen. Food spill/splash noted.	FCR ↓
55	Clean venthood in kitchen. Grease/oil dripping from unit	↓
	* Note: ◦ You must ensure cooks are following proper glove use for facility!	

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

Charles Cisco  
21263587 x 8/21

HACCP Topic: 16, 8, 21, 22

Person in Charge (Signature) [Signature] Date 5/19/21

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