

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 2	Date 5/7/21
Establishment Sweet Shishkabob		License/Permit # 1174		No. of Repeat Risk Factor/Intervention Violations 1	Time In 11:00
Street Address		City/State Murphysboro, IL		Permit Holder Dawn MacLarren	Time Out 11:30
ZIP Code 62966		Purpose of Inspection Routine		Risk Category II	

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
Supervision				Protection from Contamination			
1	<input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties			15	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected		
2	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Certified Food Protection Manager (CFPM)		<input checked="" type="checkbox"/> X	16	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Food-contact surfaces; cleaned and sanitized		<input checked="" type="checkbox"/> X
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion			18	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time and temperatures		
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events			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		
Good Hygienic Practices				20	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature		
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use			21	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O No discharge from eyes, nose, and mouth			22	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures		
Preventing Contamination by Hands				23	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition		
8	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O Hands clean and properly washed			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		
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			Consumer Advisory			
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			25	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
Approved Source				Highly Susceptible Populations			
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source			26	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Pasteurized foods used; prohibited foods not offered		
12	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O Food received at proper temperature			Food/Color Additives and Toxic Substances			
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated			27	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Food additives: approved and properly used		
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			28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Toxic substances properly identified, stored, and used		
GOOD RETAIL PRACTICES				Conformance with Approved Procedures			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				29	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A Compliance with variance/specialized process/HACCP		
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
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		

Compliance Status		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: Sweet Shishkabob Establishment #: 1144

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: 0 Heat: n/a

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
cooler	40				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
16	Provide proper sanitizer concentration to 50-100ppm (20) and sanitize surfaces a minimum of every 4 hours. It's best practice to have sink or bucket with sanitizer set up.	
2	Provide CFPM (Certified food protection manager) at all times food is prepped/served. She is scheduled to take it on the 20th. Send me a copy of cert when licensed.	30 days

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

none

HACCP Topic: 2, 16

Debbie Pence Person in Charge (Signature) 5/7/21 Date

Paula Brasley Inspector (signature) Follow-up: Yes No (Check one)

Follow-up Date: _____