

# 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	9/16/2021
Establishment <b>Thai Taste of Carbondale</b>		License/Permit # <b>550</b>		No. of Repeat Risk Factor/Intervention Violations	0	Time In	1:00 pm
Street Address <b>100S. Illinois Ave</b>		City/State <b>Carbondale, IL</b>		Permit Holder	<b>Thai Taste, LLC</b>	Time Out	2:10 pm
City/State <b>Carbondale, IL</b>		ZIP Code <b>62901</b>		Purpose of Inspection	<b>Routine</b>	Risk Category	<b>I</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 type="radio"/> In <input checked="" 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 type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A		X
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>				17	<input checked="" type="radio"/> In <input type="radio"/> Out		
3	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper disposition of returned, previously served, reconditioned and unsafe food			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<b>Time/Temperature Control for Safety</b>			
4	<input checked="" type="radio"/> In <input type="radio"/> Out			18	<input 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 type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
<b>Good Hygienic Practices</b>				20	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O		
6	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper cooling time and temperature			
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		
7	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/O			Proper hot holding temperatures			
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		
<b>Preventing Contamination by Hands</b>				Proper cold holding temperatures			
8	<input checked="" type="radio"/> In <input type="radio"/> Out <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		
Hands clean and properly washed				Proper date marking and disposition			
9	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			24	<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				Time as a Public Health Control; procedures & records			
10	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Consumer Advisory</b>			
Adequate handwashing sinks properly supplied and accessible				25	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
<b>Approved Source</b>				Consumer advisory provided for raw/undercooked food			
11	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Highly Susceptible Populations</b>			
Food obtained from approved source				26	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A		
12	<input type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			Pasteurized foods used; prohibited foods not offered			
Food received at proper temperature				<b>Food/Color Additives and Toxic Substances</b>			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			27	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A		
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A <input type="radio"/> N/O			28	<input checked="" type="radio"/> In <input type="radio"/> Out <input type="radio"/> N/A		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			
<b>GOOD RETAIL PRACTICES</b>				Compliance with variance/specialized process/HACCP			
29		<input type="radio"/> In <input checked="" type="radio"/> Out <input type="radio"/> N/A		<b>Conformance with Approved Procedures</b>			

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>				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
34	Plant food properly cooked for hot holding			47	<input checked="" type="radio"/> X Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	<input checked="" type="radio"/> X Non-food contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
39	Contamination prevented during food preparation, storage and display			53	Toilet facilities: properly constructed, supplied, & cleaned		
40	Personal cleanliness			54	Garbage & refuse properly disposed; facilities maintained		
41	Wiping cloths: properly used and stored			55	<input checked="" type="radio"/> X Physical facilities installed, maintained, and clean		
42	Washing fruits and vegetables			56	Adequate ventilation and lighting; designated areas used		
<b>Employee Training</b>				<b>Employee Training</b>			
57	All food employees have food handler training			57	All food employees have food handler training		
58	Allergen training as required			58	Allergen training as required		

# Food Establishment Inspection Report

Establishment: Thai Taste of Carbondale, Establishment #: 550

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: Chlorine/Quat PPM: 100/400 Heat: N/A

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
True (L)	38°				
True (R)	40°				
make table (grill)	38°				
make table (small)	36°				
• lower AA	39°				
Walk-in AA	38°				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
16	Clean knife(s) and magnetic strip in kitchen. This is a clean storage area and should not have dirty utensils stored in it.	COS
47	Reseal/repaint metal shelves, lower prep table, and wall in kitchen to make it smooth, easily cleanable, and non-absorbant.	NRI
49	Clean interior back ledge of make table. Food debris noted.	↓
49	Clean exterior bulk rice in storage area. Grease/debris noted.	
55	Clean light fixture/ceiling/vent in kitchen. Dust build-up noted.	
55	Clean interior of mop sink. Black grime build-up noted.	
	<b>*note*</b> Plan needs to be made to address floor in storage and kitchen area to make it smooth/easily cleanable.	

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

Kori Hannah # 21680445 exp: 3/14/2025	Rafael Fraga Rangel # 21723330 exp: 1/31/2026
---	---

HACCP Topic:

K. Hannah  
Person in Charge (Signature)

9/7/21  
Date

B. [Signature]  
Inspector (Signature)

Follow-up:  Yes  No (Check one)

Follow-up Date: \_\_\_\_\_