

# 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>0</b>	Date <b>6/15/19</b>
Establishment <b>Trish's Bakery &amp; Grill</b>	License/Permit # <b>1161</b>	No. of Repeat Risk Factor/Intervention Violations <b>0</b>	Time In <b>8:25</b>
Street Address <b>5278 Wild Oak Lane</b>		Permit Holder <b>Trish Dusch</b>	Risk Category <b>II</b>
City/State <b>Smithton, Illinois</b>	ZIP Code <b>62285</b>	Purpose of Inspection <b>Routine</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>							
1	<input checked="" type="radio"/> In <input type="radio"/> Out			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, 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, N/A			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</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			<b>Time/Temperature Control for Safety</b>			
Proper use of restriction and exclusion				18	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
5	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper cooking time and temperatures			
Procedures for responding to vomiting and diarrheal events				19	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
<b>Good Hygienic Practices</b>							
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/O			Proper reheating procedures for hot holding			
Proper eating, tasting, drinking, or tobacco use				20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, <input checked="" type="radio"/> N/O		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper cooling time and temperature			
No discharge from eyes, nose, and mouth				21	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O		
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O			Proper hot holding temperatures			
Hands clean and properly washed				22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O			Proper cold holding temperatures			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
10	<input checked="" type="radio"/> In <input type="radio"/> Out			Proper date marking and disposition			
Adequate handwashing sinks properly supplied and accessible				24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O		
<b>Approved Source</b>							
11	<input checked="" type="radio"/> In <input type="radio"/> Out			Time as a Public Health Control; procedures & records			
Food obtained from approved source				<b>Consumer Advisory</b>			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, N/A, <input checked="" type="radio"/> N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
Food received at proper temperature				Consumer advisory provided for raw/undercooked food			
13	<input checked="" type="radio"/> In <input type="radio"/> Out			<b>Highly Susceptible Populations</b>			
Food in good condition, safe, and unadulterated				26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A		
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input checked="" type="radio"/> N/A, N/O			Pasteurized foods used; prohibited foods not offered			
Required records available: shellstock tags, parasite destruction				<b>Food/Color Additives and Toxic Substances</b>			
<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"/>			<b>Proper Use of Utensils</b>			
Pasteurized eggs used where required				43	<input type="checkbox"/>		
31	<input type="checkbox"/>			In-use utensils: properly stored			
Water and ice from approved source				44	<input type="checkbox"/>		
32	<input type="checkbox"/>			Utensils, equipment & linens: properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	<input type="checkbox"/>		
<b>Food Temperature Control</b>							
33	<input type="checkbox"/>			Single-use/single-service articles: properly stored and used			
Proper cooling methods used; adequate equipment for temperature control				46	<input type="checkbox"/>		
34	<input type="checkbox"/>			Gloves used properly			
Plant food properly cooked for hot holding				<b>Utensils, Equipment and Vending</b>			
35	<input type="checkbox"/>			47	<input type="checkbox"/>		
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed and used			
36	<input type="checkbox"/>			48	<input type="checkbox"/>		
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips			
<b>Food Identification</b>							
37	<input type="checkbox"/>			49	<input type="checkbox"/>		
Food properly labeled; original container				Non-food contact surfaces clean			
<b>Prevention of Food Contamination</b>							
<b>Physical Facilities</b>							
38	<input type="checkbox"/>			50	<input type="checkbox"/>		
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure			
39	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	51	<input type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Plumbing installed; proper backflow devices			
40	<input type="checkbox"/>			52	<input type="checkbox"/>		
Personal cleanliness				Sewage and waste water properly disposed			
41	<input type="checkbox"/>			53	<input type="checkbox"/>		
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, & cleaned			
42	<input type="checkbox"/>			54	<input type="checkbox"/>		
Washing fruits and vegetables				Garbage & refuse properly disposed; facilities maintained			
<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: Trish's Bakery + GRILL Establishment #: 1167

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: \_\_\_\_\_ PPM: \_\_\_\_\_ Heat: \_\_\_\_\_

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
<i>Pepsi Refrigerator</i>	<i>40.4°</i>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number: \_\_\_\_\_ Violations cited in this report must be corrected within the time frames below.

<i>39</i>	<i>Store shell eggs below RTE foods in Pepsi refrigerator to eliminate the possibility of contaminating RTE foods.</i>	<i>COS</i>

*\* Annual permit granted. Will mail to Smithton address.*

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

*Trish Hoskins Dorsch  
# 21296784  
exp. 12/7/2021*

HACCP Topic: *#8*

*[Signature]* Date: *6/15/19*

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