

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		Date <u>12/7/19</u>	
Establishment <u>Winston's Bagels by B-Rud</u>		License/Permit # <u>1101</u>		No. of Repeat Risk Factor/Intervention Violations		Time In <u>8:45am</u>	
Street Address <u>133 State Mill Rd</u>		City/State <u>Murphysboro</u>		Permit Holder <u>Bradley Proiss</u>		Time Out <u>9:20am</u>	
City/State <u>Murphysboro</u>		ZIP Code <u>62966</u>		Purpose of Inspection <u>Routine</u>		Risk Category <u>III</u>	

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	In, Out			15	In, Out, N/A, N/O		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	In, Out, N/A			16	In, Out, N/A		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				Time/Temperature Control for Safety			
3	In, Out			17	In, Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In, Out			18	In, Out, N/A, N/O		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	In, Out			19	In, Out, N/A, N/O		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				Consumer Advisory			
6	In, Out, N/O			20	In, Out, N/A, N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	In, Out, N/O			21	In, Out, N/A, N/O		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
Preventing Contamination by Hands				Highly Susceptible Populations			
8	In, Out, N/O			22	In, Out, N/A, N/O		
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered			
9	In, Out, N/A, N/O			23	In, Out, N/A, N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Food/Color Additives and Toxic Substances			
10	In, Out			24	In, Out, N/A, N/O		
Adequate handwashing sinks properly supplied and accessible				Proper date marking and disposition			
Approved Source				Conformance with Approved Procedures			
11	In, Out			25	In, Out, N/A		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	In, Out, N/A, N/O			26	In, Out, N/A		
Food received at proper temperature				Food/Color Additives and Toxic Substances			
13	In, Out			27	In, Out, N/A		
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	In, Out, N/A, N/O			28	In, Out, N/A		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored, and used			
15	In, Out, N/A, N/O			29	In, Out, N/A		
Proper cold holding temperatures				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
Safe Food and Water				Proper Use of Utensils			
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		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
35	Approved thawing methods used			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			Employee Training			
Prevention of Food Contamination				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			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: Winston's Bagels by B-Bad Establishment #: 1101
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: _____ PPM: _____ Heat: _____

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

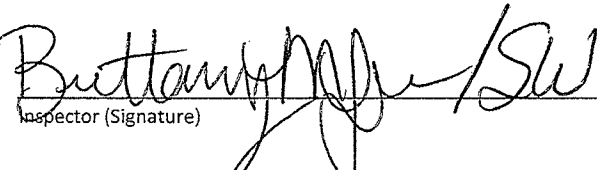
OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	Arrived at 8:45 am to do an inspection of the cart, at 9:15 am he had still not arrived at 1 AM Java to set-up. No idea when/if he is going to show-up at this time. No inspection done since he did not show up.

CFPM Verification (name, expiration date, ID#):
Bradley Preiss (PIC)
15733051 x 11/22

HACCP Topic: _____

Person in Charge (Signature) _____ Date _____

 _____
 Inspector (Signature)

Follow-up: Yes No (Check one) Follow-up Date: _____