		F	ood Establishmen	t lı	าร	pect	tion Re	eport		Р	age <u>1</u>	of _3_	
Jacks	on Co	ounty Health Department		200	17/23/8	nationship and	actor/Intervent	LA Spreed of the		0	Date	01/13/20	23
		Department Road		Nu	mber	of Repea	at Risk Factor/Ir	ntervention Violation	s	0	Time	12:30 PM	_IN
		oro, Illinois 62966	(618) 684-141, Ext. 128		•••	· · ·					-	12:38 PM	OUT
Establishment Veterans Inn 304 Union Ave					City/State Dowell IL				Zip Code HACCP#: 10,11			10,11,16,21	1,22
(c) (c)	SCALE.	rmit #	Permit Holder			9323	Inspection		Est. Type		Rist	k Categor	'v
License/Permit # Permit Holder 1163 Lauren Schneider					Purpose of Inspection Follow-Up				Food		1	III	,
		FO	ODBORNE ILLNESS RISK FACTO	ORS	AN	D PUBI	LIC HEALTH	H INTERVENTIO	ONS				
IN =	In com	pliance OUT = Not in complia	appropriate box for COS and/or R			le	prevalen	tors are important part of the contributing factor in the control me	s of foodborn	ne illne	ss or injur	ry. Public h	ealth
Co		ce Status		cos	R	Com	pliance Status						cos R
-		Sup	pervision				Y	Protection fro	m Contamin	ation			
1		Person in Charge pre	sent, demonstrates knowledge, and			15 16	= -	Food separated and Food-contact surface	FIFE DE DIV	and sa	nitized		
2		Certified Food Protec	tion Manager (CFPM)			17		Proper disposition	of returned, p	reviou	sly served	d.	
11.		Emplo	oyee Health			1.10		reconditioned and/o	or unsafe foo	d		24	
3		Management, food er knowledge, responsib	mployee and conditional employee;			10		Time/Temperatur			ty		
4		Proper use of restricti	warsener and discontinuous.	-	-	18		Proper cooking time			Tall		
5		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nding to vomiting and diarrheal events		-	20		Proper reheating proper cooling time	/168=	307	plaing		
3			ienic Practices			21		Proper hot holding					
6		Proper eating, tasting	, drinking, or tobacco use			22		Proper cold holding					
7		Discharge from eyes,	50 12 H _M No -			23		Proper date markin	g and dispos	ition			
		Preventing Con	tamination by Hands			24		Time as a Public H		State Control	dures and	d records	
8		Hands clean and prop			-	25		Consum Consumer advisory	er Advisory provided for		ndercooke	ed food	
9		alternative procedure	AM CO-MODE AND	_		00	1	Highly Suscep	tible Popula	tions			
10	IN		ng sinks properly supplied & accessible	Jan		26		Pasteurized foods od/Color Additives	201120			ered	
11		Food obtained from a	pproved source			27		Food additives: app	proved and p	roperly	used		
12		Food received at prop	per temperature			28		Toxic substances p		33.5		dused	
13			on, safe, and unadulterated		_	20	I	Conformance with					
14		Required records ava	ailable: shellstock tags, parasite destruction GOOD RE	=ΤΔΙ	I DE	29		Compliance with va	riance/speci	alized	orocess/H	IACCP	
		Good Retail Pra	actices are preventative measures to contr					nicals, and physical	objects into	foods.			
Mark "	X" in b	oox if numbered item is not in co		cos fo		S and/or	R COS	S = Corrected on-sit	e during insp	ection	R = R	lepeat viola	cos R
		C-4- F-	Dr	COS	n			Proper Us	e of Utensil	9			COS R
30		Pasteurized eggs used where	od and Water	Т		43	In-use ute	ensils: properly store		.			T
31		Water and ice from approved	30.40MB100040			44		equipment & linens:		red. dr	ed. & han	ndled	
32		Variance obtained for specialize	8 MASS 28 740 W			45	Testine 7,077, SE	e/single-service arti		69	W	(%)	
		Food Temp	perature Control			46	Gloves us	sed properly					
33		Proper cooling methods used;	adequate equipment for temp. control		_		1	Utensils, Equip	ment and Vo	ending			
34	-	Plant food properly cooked for				47		non-food contact s	urfaces clear	nable, p	properly de	esigned,	
36		Approved thawing methods us			+	48		ed, and used	lad maintain	ad an	d waadi ta	at atrina	-
		Thermometers provided and a	dentification			49		hing facilities: instal contact surfaces cle	72	ed, an	a usea; te	st strips	
37		Food properly labeled; original	CONTROL MONEY MONEY IN CONTROL OF THE CONTROL OF TH	T			14011-1000		I Facilities				
			Food Contamination	100		50	Hot and c	old water available;	adequate pr	essure			T
38		Insects, rodents, and animals	not present			51	20 50 62 100 70 62	installed; proper ba	onsean MA an IEI				
39		Contamination prevented duri	ng food preparation, storage and display			52	Sewage a	and wastewater prop	erly dispose	d			
40		Personal cleanliness		_	_	53	Toilet faci	lities: properly cons	tructed, supp	lied, a	nd cleane	d	
41		Wiping cloths: properly used a	and stored			54	Garbage	and refuse properly	disposed; fa	cilities	maintaine	ed	
42		Washing fruits and vegetables	S			55		acilities installed, m					+-
						56	Adequate	ventilation and ligh	ting; designa ee Training	ted are	eas used		
						57	All food -	5 50		nin~			
					-	58		mployees have food	nandier traii	ning			++
							Allergen ti	raining as required					
Perso	n in C	Charge (Signature)					No de la companya de		Date: 01/	13/20)23		
	-gaco	8						Return Date: 01/	13/2023				
ınspe	ctor (Signature)				FOI	low-up: Y	ES (NO)					

Jackson County Health Department 415 Health Department Road Murphysboro, Illinois 62966 Establishment Veterans Inn License/Permit # 1163 PPM 100 LEHP Reviewer Signature: HACCP: 10,11,16,21,22 HACCP: 10,11,16,21,22	Food	d Establi	shment	Inspec	ction Re	port	Pa	ige <u>2</u>	of3
Sanitizer Type	ackson County Health Department 115 Health Department Road		License/P				Date	01/13/2	2023
Temple T	Establishment	and the Contract of the State of the Contract	1103	Participation (Control of Control		LEHP Reviewer Sign		IACCP: 10,	11,16,21,22
Item/Location Temp. (F) Item/Location Temp. (Temp. (F) Temp. (Temp. (Temp. (F) Temp. (Temp. (Te	eleraris iriir		FMPFRATII		ATIONS	11			
2-deer honesyle 99 Super Cream 62 Super Cream 80 Super Gream 80 Super Gream 80 Super Gream 80 Certificate # Expiration Namagers Name Certificate # Expiration Observed Certificate # Expiration Name Certificate	Item/Location					Item/Lo	cation		Temp. (F)
Total contact will contact/call owner to discuss violations and return for a reinspection of facility. **Corrected violations - 1/13/23 All violations addressed. Spoke with owner about food in facility. Cat III facilities can do low risk/minimal prep items for immediate service. You may submit a slist of items you wish to carry to my office. Walked through krichen. Wall material approved as long as it remains clean and one handsink in kitchen approved at this time.	2 door homostyla				20 m20 22 m 20 1 1 2 m 20 1 2				
Description 52 115									
Certified Food Protection Managers Name Certificate # Expiration Name Certificate # Expiration OBSERVATIONS AND CORRECTIVE ACTIONS Violations cited in this report must be corrected within the time frames below. General Comments This facility is not allowed to do any food handling processes under the current risk category. You must cease to offer (for sale or gik away) any foods other than pre-packaged/manufactured food products. Inspector will contact/call owner to discuss violations and return for a reinspection of facility. **Corrected violations - 1/13/23 All violations addressed. Spoke with owner about tood in facility. Cat III facilities can do low risk/minimal prep items for immediate service. You may submit a silst of items you wish to carry to my office. Walked through kitchen. Wall material approved as long as it remains clean and one handsink in kitchen approved at this time.									
Certificate # Expiration Name Certif		62							
Certificate # Expiration Name Name Name Name Name Name Name Name	ili	115							
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Name Certificate # Expiration Name Certificate # Expiration			ortified Each	Drotootion	Monogoro				
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	This facility is not allowed to do away) any foods other than pre- Inspector will contact/call owner **Corrected violations - 1/13/23 All violations addressed. Spoke with owner about food in list of items you wish to carry to	any food handling packaged/manufactoriscuss violations office.	g processes unactured food processes and return food lover the contract of the	der the current oducts. for a reinspect	t risk category. `ion of facility.	You must cease	ce. You	ı may sı	ıbmit a small
erson in Charge (Signature) Date 01/13/2023									
nspector (Signature) Date 01/13/2023		-							

	Food Establis	shment	Inspec	tion R	eport	Pa	age <u>3</u> of <u>3</u>
Jackson County Health Depa 415 Health Department Road Murphysboro, Illinois 62966	d	License/Pe	ermit # 1163		•	Date	01/13/2023
Establishment	Address	1	City/State		Zip Code		
Veterans Inn	304 Union Ave		Dowell	IL	62927		
	OBSER	VATIONS AN	D CORRECT	IVE ACTIO	NS		
	Violations cited in the	nis report must be	e corrected within	n the time fram	es below.		+:-
Item # 10		1 1. 1					

Violation Code: - Adequate handwashing sinks properly supplied and accessible

Observation: Provide adequate handwashing for bar area. Current employee on duty using bathroom handsink. Designate a compartment

of the sink at bar for handwashing with soap, paper towels, and trash can.

Correction Time Frame: By next routine inspection

Correction Time Frame Date:

Corrective Action:

Item # 16

Violation Code: - Food-contact; cleaned and sanitized

Observation: Clean "clean" deli slicer. Food debris/grime noted on blade.

Correction Time Frame: By next routine inspection

Correction Time Frame Date:

Corrective Action:

Person in Charge (Signature)

Inspector (Signature)

Date 01/13/2023

Date 01/13/2023