			F	ood Establishmen	t lı	ns	pec	tio	n Report		Р	age <u>1</u>	_ of _3_	
Jackson County Health Department					Number of Risk Factor/Intervention Violations 2 Date 05/21/20							24		
415 Health Department Road					Number of Repeat Risk Factor/Intervention Violations					าร	0	Time 1	L2:50 PM	_ IN
Murphysboro, Illinois 62966 (618) 684-141, Ext. 128										- : • ·	do.	0	1:15 PM	OUT
EstablishmentAddressVeterans Inn304 Union Ave						City/State			Ш	Zip Code HACCP#: 16,15		16,15		
License/Permit # Permit Holder						Purpose of I			ection	Est. Type		Risk	Categor	gory
1163 Permit # Lauren Schneider					Routin			0.5		Food		1.1.0.1	III	,
			FOC	DBORNE ILLNESS RISK FACTO	ORS	AN	D PUB	LIC I	HEALTH INTERVENTION	ONS				
IN :	= In com	pliance	OUT = Not in complian	propriate box for COS and/or R			le		Risk factors are important prevalent contributing factor interventions are control me	rs of foodbor	ne illne	ss or injury	y. Public h	ealth
(Complian				cos	R	Co	mplian	ce Status					cos R
Supervision							Protection from Contamination							
1	IN		Person in Charge pres performs duties	ent, demonstrates knowledge, and			15 16	OUT IN	Food separated an Food-contact surfa	Fig. 10	and sa	anitized		×
2	NA	1	Certified Food Protection		ļ.		17		Proper disposition	0.15		sly served		
- II-			No. 100 August 100 Aug	yee Health			- 115	IN	reconditioned and/ Time/Temperatu			tv		
3	IN	l	knowledge, responsibil	ployee and conditional employee; ities and reporting			18	NO				,		T
4	IN		Proper use of restrictio	n and exclusion			19	NA NA	Proper reheating p			oldina		
5	IN		Procedures for respond	ding to vomiting and diarrheal events			20	NA	Proper cooling time			10000		
			Good Hygi	enic Practices			21	NA	Proper hot holding	temperature	S			
6	IN		Proper eating, tasting,	drinking, or tobacco use			22	IN	Proper cold holding	g temperature	es			
7	IN		Discharge from eyes, r			-	23	OUT						×
	NIC			amination by Hands		_	24	NA_	Time as a Public F	lealth Control ner Advisory	ORIENTE CONTRACTOR	dures and	records	
8	NC)	No bare band contact y	with RTE foods or a pre-approved			25	NA	Consumer advisor		<i>P.</i> (1)	ndercooke	d food	
9	NC)	alternative procedure p						Highly Susce	VI.				
10	IN			ed Source			26	NA	Pasteurized foods Food/Color Additive	3301727			ered	
11	IN		Food obtained from ap	proved source			27	NA	Food additives: ap	proved and p	roperly	used		
12	NC)	Food received at prope	er temperature		_	28	IN	Toxic substances				used	
13	IN			, safe, and unadulterated			20		Conformance with	1000				
14	<u>N</u> A	1	Required records avail	able: shellstock tags, parasite destruction GOOD RE	-ΤΔΙ	I PI	29 RACTI	NA CES	Compliance with va	ariance/speci	alized	process/H/	ACCP	
	113711 1 - L	•		ctices are preventative measures to contr	ol the	add	ition of p	athog						*****
Mark	("X" IN D	ox if nun	nbered item is not in con	·	cos		S and/o	or H	COS = Corrected on-si	te during insp	pection	H = H	epeat viola	cos R
			Safe Foo	d and Water					Proper Us	se of Utensil	s			
30)	Pasteu	rized eggs used where r		Т		43	j	In-use utensils: properly store	ed				
31		THE COLUMN	and ice from approved s	- CALIFORNIA - C			44	1	Utensils, equipment & linens		red, dr	ied, & hand	dled	
32	2	Variano	e obtained for specialize	ed processing methods			45		Single-use/single-service art	icles: properl	y store	d and used	ı	
Food Temperature Control					-		46	Gloves used properly Utensils, Equipment and Vending						
33		teens INov as	THE SEA WAY MED YELL	adequate equipment for temp. control	-	_			Utensils, Equip	ment and V	ending			
34			ood properly cooked for h			-	47	1.5	Food and non-food contact s	urfaces clear	nable, p	properly de	signed,	
36		all out the same of the	ed thawing methods use ometers provided and ac	-21	-	-	48		constructed, and used Warewashing facilities: insta	llad maintain	od an	d usod: too	et etrine	
		Trieimo	WW vale objects	entification			49		Non-food contact surfaces cl	, 2	ieu, an	u useu, tes	st strips	
37	7	Food p	roperly labeled; original of	COSCUMINAL MONEY INC. CHAIN	Т			1,		al Facilities				
				ood Contamination			50	1	Hot and cold water available	adequate pr	essure			
38	3	Insects	, rodents, and animals n	ot present			51		Plumbing installed; proper ba	S market MA An IEL				
39)	Contan	nination prevented during	g food preparation, storage and display			52		Sewage and wastewater pro	perly dispose	d			
40		Person	al cleanliness		_		53		Toilet facilities: properly cons	structed, supp	olied, a	nd cleaned	<u> </u>	
41		Wiping	cloths: properly used an	nd stored			54		Garbage and refuse properly	disposed; fa	cilities	maintaine	d	
42	2	Washin	ng fruits and vegetables				55		Physical facilities installed, m			120		-
							56		Adequate ventilation and ligh	ting; designa	ited are	eas used		
							57	0	# 5		nine			
							58		All food employees have food	a nandler trai	ning			
									Allergen training as required					
							۸۱		. 1					
Pers	son in C	harge	(Signature) Brandie	Trail	~	√	ارب برا	-		Date: 05/	21/20)24		
- 11'8'							Vic	olatio	n Form Return Date:	2.01	\			
Insp	ector (S	Signatu	re)				Fo	llow-	up: YES NO					

Foo	d Estab	lishment	Inspec	tion Re	port	Page2	of3
Jackson County Health Department 415 Health Department Road Murphysboro, Illinois 62966		License/Pe 1163					./2024
Establishment	Sanitizer Type	·	PPM		LEHP Reviewer S	ignature: HACCP: 1	L6.15
/eterans Inn	Bleach	TEMPEDATUR	100	ATIONS	Mosms	11,7,001.2	
Item/Location	Temp. (F)	TEMPERATUR Item/Locat		Temp. (F)	ltem/l	_ocation	Temp. (F)
		nem/Locat		remp. (r)	item/i	-00411011	Temp. (F)
AA 2-door fridge							
AA Bar fridge							
Walk-ii				-			
AA Bar chille	r 33						
	l,	Certified Food F	Protection M	lanagere			
Name	Certificate	и.	TOLECTION IV	Name		Certificate #	Expiration
Name	Certificate	Expiration		Name		Jertificate #	Expiration
	000	ERVATIONS ANI	0000000	WE ACTION			
Notes: -Bar clean and well organizedOnce ice machine is thoroughl	y cleaned, JCH	D will need to be co	ontacted to pe	rform a field vi	sit to verify.		
Person in Charge (Signature) Bran	die Trail					Date 05/21/20	

Food Establishment Inspection Report							age 3 of 3	
Jackson County Health Department		:•	-					
415 Health Department Road	License/Permit #					Date 05/21/2024		
Murphysboro, Illinois 62966	1163							
Establishment	Address		City/State		Zip Code	Jul.		
Veterans Inn	304 Union Ave		Dowell	IL	62927			

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below.

Item # 15

Violation Code: - Food separated and protected

Observation: Protect ice from contaminants. Ice machine noted with mold on the inside; condensation is dripping from mold onto ice.

Correction Time Frame: Corrected on site

Correction Time Frame Date:

Corrective Action: Ice from machine discarded. Make sure to actively monitor the ice machine and use a flashlight to see inside; if you don't use a flashlight, it can be easy to overlook this in a dark tavern. Inspector recommends putting this ice machine on a routine cleaning schedule.

Corrected On Site

Item # 23

Violation Code: - Proper date marking and disposition

Observation: Provide 7-day discard label for TCS products. Opened carton of heavy cream noted in bar chiller without date label.

Correction Time Frame: Corrected on site

Correction Time Frame Date:

Corrective Action: Product discarded.

Corrected On Site

Person in Charge (Signature) Brandie Trail	Date 05/21/2024				
Inspector (Signature)		Date 05/21/2024			