

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

Retail Food Sanitary Inspection Report

Establishment Jimmy John's		Permit# 28534	Date 11-2-17	Grade A	Score (100 - demerits) 100
Address 1417 Stamer Dr.		Establishment Code 01	Risk 2	Time in 1:30 pm	
City Litchfield	State IL	Zip 62056	Phone Number (217) 324-3333	Time out 2:20 pm	
Owner/Agent Jay Blaquart		Compliant with the Smoke-Free Illinois Act? (YES) NO (circle one)			

Purpose of Inspection (circle one) **Routine** Follow-up Pre-opening Smoking Complaint Educational Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for C and/or R
IN=in compliance OUT=out of compliance N/O=not observed N/A=not applicable C=corrected on-site during inspection R=repeat violation (2X demerits)

Compliance Status	C	R
Demonstration of Knowledge 5 points		
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Compliance with Certified Manager Requirement		
Employee Health 5 points		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Employee health policy and procedures		
Good Hygienic Practices 6 points		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO		
Proper glove use		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Proper eating, tasting, drinking, tobacco use		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Personal hygiene and cleanliness		
Preventing Contamination by Hands 8 points		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Hands clean, handwashing procedures		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No bare hand contact with RTE foods		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible		
Approved Source 5 points		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Food received at proper temperature		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, unadulterated		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Required records available; shellstock tags		
Protection from Contamination 6 points		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food separated & protected		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food contact surfaces clean & sanitized		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
No re-use of foods or single service previously served		

Compliance Status	C	R
Potentially Hazardous Food Time/Temperature 9 points		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper cooking time & temperature		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper reheating procedures for hot holding		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper cooling time & temperature		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper hot holding temperature		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper cold holding temperature		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper date marking & disposition of PHF		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Time as a public health control: approved procedure & records		
Consumer Advisory 3 points		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations 5 points		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper foods used for susceptible populations		
Chemical 5 points		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Sanitizing solutions in excess of allowable limits		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Toxic items properly identified, stored & used		
Approved Procedures 3 points		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Compliance with variance, HACCP, policy		

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness and injury. Public Health Interventions are control measures to prevent foodborne illness or injury. Greater weight is given to these violations.

GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Good Retail Practices and Standard Operating Procedures are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark "X" in appropriate box for C and/or R
Mark "X" in box if numbered item IS NOT in compliance C=corrected on-site during inspection R=repeat violation (2X demerits)

Pts	C	R
Safe Water & Sewage Disposal		
28 3		
Water & ice from approved source		
29 3		
Plumbing installed; backflow protection		
30 3		
Sewage & wastewater disposal		
Food Equipment		
31 1		
Facilities to maintain product temperature		
32 2		
Approved thawing methods		
33 1		
Thermometers/gauges provided, used & accurate		
Food Identification		
34 1		
Food properly labeled; original container		
Prevention from Contamination		
35 3		
Insects/rodents/animals present; unauthorized persons; openings		
36 2		
Food protection during food preparation, storage & display		
37 2		
Personal cleanliness (presentation)		
38 1		
Wiping cloths: properly used & stored		
39 1		
Fruits & vegetables properly washed before use		

Pts	C	R
Proper Use of Utensils		
40 1		
In-use utensils; properly stored		
41 1		
Utensils, equipment & linens; properly stored, washed & handled		
42 1		
Single-service articles: storage & dispensing		
43 2		
Food (ice) contact surfaces: constructed, installed, maintained		
44 1		
Non-food contact surfaces: constructed, installed, maintained		
45 1		
Warewashing facilities: installed, maintained & used; test strips		
46 1		
Non-food contact surfaces clean		
Physical Facilities		
47 3		
Hot & cold water available, adequate pressure		
48 1		
Physical facilities clean		
49 1		
Cleaning equipment properly stored		
50 1		
Toilet facilities constructed, supplied & cleaned, self-closing doors		
51 1		
Refuse properly disposed; facilities maintained		
52 1		
Physical facilities properly installed & maintained		
53 1		
Adequate ventilation & lighting; designated areas used		

Received by (Signature) <i>Jay Blaquart</i>	Received by (printed)	Title
Inspector (Signature) <i>Mark King</i>	Follow-up required? YES (NO) (circle one)	Follow-up date:

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Establishment <i>Jimmy Johns</i>	Permit# <i>28534</i>	Date <i>11-2-17</i>			
TEMPERATURE OBSERVATIONS		SANITIZER OBSERVATIONS			
Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
	°F	<i>ham</i>	<i>39</i> °F	<i>Quat</i>	<i>200 ppm</i> °F
	°F	<i>Bacon</i>	<i>35</i> °F		ppm / °F
	°F	<i>turkey</i>	<i>36</i> °F		ppm / °F
	°F	<i>avocado</i>	<i>-5</i> °F		ppm / °F
	°F	<i>cheese</i>	<i>40</i> °F		ppm / °F

MANAGER CERTIFICATION REQUIREMENT					
Manager Name	Illinois Certification Number	Expiration Date	Present During Inspection?	Original Copy Posted in Facility?	
<i>Devone Steffe</i>	<i>14049896</i>	<i>8-30-21</i>	<input checked="" type="checkbox"/> YES NO	<input checked="" type="checkbox"/> YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	

ITEM OBSERVATIONS AND CORRECTIVE ACTIONS		
Item #	Explanation of Violation and Recommendations for Correction	Correct By
		(NRI = Next Routine Inspection)

Received by (Signature)	Inspector (Signature)
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Mark King