



FRANKLIN COUNTY HEALTH DEPARTMENT
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH

FOOD ESTABLISHMENT INSPECTION REPORT

HEPATITIS A COMPLIANT

Public Health

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

P.H. PRIORITY
H M L

ESTABLISHMENT NAME <i>Jimmy Johns + American Pie Co</i>	PERSON IN CHARGE		PHONE
ADDRESS <i>1905 N Olive</i>	DISTRICT <i>7</i>	COUNTY <i>071</i>	FAX
CITY/ZIP <i>Sullivan 63080</i>	ESTAB NO. <i>2898</i>	PURPOSE <input type="checkbox"/> PRE-OPENING <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> FOLLOW UP <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NONCOMMUNITY Results <input type="checkbox"/> PRIVATE Date Sampled
ESTABLISHMENT TYPE		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CONVENIENCE STORE	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> SENIOR CITIZEN
<input type="checkbox"/> CATERER	<input type="checkbox"/> TAVERN	<input type="checkbox"/> BAKERY	<input type="checkbox"/> FROZEN DESSERT
<input type="checkbox"/> SCHOOL	<input type="checkbox"/> LODGING	<input checked="" type="checkbox"/> DELICATESSEN	<input type="checkbox"/> MOBILE UNIT
<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> TEMP. FOOD STAND	<input type="checkbox"/> MEAT CUTTING	

FOOD PRODUCT	TEMP.	STORAGE LOCATION	FOOD PRODUCT	TEMP.	STORAGE LOCATION
<i>Cheese</i>	<i>38</i>	<i>Prep top</i>	<i>Cucumber</i>	<i>30</i>	<i>walkin</i>
<i>Pickle</i>	<i>37</i>	<i>Prep bottom</i>	<i>Pits</i>	<i>-12</i>	<i>walkin</i>
<i>Cheese</i>	<i>38</i>	<i>Prep II</i>			

FOOD CODE REFERENCES	CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
2 MANAGEMENT/PERSONNEL				
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness		<i>No violations</i>		
2-4 Hygienic Practices				
3. FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records		<i>For 3rd party air sales visit</i>		
3-3 Protection from Contamination		<i>Health net.gov</i>		
3-4 Cooking & Reheating				
3-5 Limiting Growth of Organisms		<i>Search Food manufacturing or go to</i>		
3-6 Food Presentations & Labeling		<i>at the link</i>		
3-7 Contaminated Foods				
4 EQUIP., UTENSILS & LINENS				
4-1 Materials for Construction				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation		<i>Register w/ FDA; Contact State DTSS for</i>		
4-6 Cleaning		<i>manufacturing side.</i>		
4-7 Sanitation				
4-8 Laundering				
4-9 Protection of Clean Items				
5 WATER, PLUMBING & WASTE				
5-1 Water				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Liquid Waste				
5-5 Refuse & Recycle/Returnables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction				
6-2 Design & Construction				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

Failure to correct the specified violations upon a second follow up may result in revocation of the food establishment permit and a \$100.00 fee may be levied upon the establishment.

RECEIVED BY ▶	NAME AND TITLE <i>Keith Brall</i>	DATE <i>3/8/21</i>
INSPECTED BY ▶	NAME <i>Keith Brall</i>	EPHS NO. <i>1404</i> PHONE/FAX <i>833-7308</i> TIME IN <i>10:00</i> TIME OUT <i>10:35</i>