SAMPLE

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Inspection #: 194463	Chicago Department of Public Health						No. of Risk Factor/Intervention Violations: 8				
License #: 1234567	Food Protection Division										
Inspection Type: Canvass	Food Establishment Inspection Report						No. of Repeat Risk Factor/Intervention Violations: 0				
	Telephone: 312.746.8 TTY: 312.744.2374						746.4240	Inspection Date: 05/21/	2018		
SR #: SFP #:	CDPHF00						ig/i icaiii i	Started:09:30am	Completed:11:15p	m	
Fire #:	Days of Operation: M,Tu,W,Th,F,Sa,		1	n: 01:0		To: 01:	00 PM	Inspector's	Supervisor's Badge #: 310		
Business Address: 2133 W lexington		Zin	6061	2	Location	on Site:	1st Floor	Badge #: 388 Business Phone: (77			_
Legal Name: Titage malls	D/B/A: Werwas San	Lip.	0001		Location	on one.	A/K/A: Me	•			
Legal Name. managemen	DIBIA. I vial was so li						ANA. IM	waxaa i			_
	NE ILLNESS RISK FAC	5 (2) (TE) 2	(A.T.) (00.540.50	PUBLI						
Circle designated compliance stat IN=in compliance OUT=not in com	tus (IN, OUT, N/O, N/A) for each nun opliance N/O=not observed N/A=	nbered not ap	ed item Risk factors are important practices or pro- applicable prevalent contributing factors of foodborne								
Mark "X" in appropriate box for COS and/or R	COS=corrected on-site during inspe	ection	ction R=repeat violation interventions are c					ntrol measures to prevent		or injur	у.
Compliance Status		cos	R C	Compl	iance Stat		FOTIONE	DOM CONTAIN	IA TION	cos	R
SUPERVI	SION nt, demonstrates knowledge, and		-	(5)				ROM CONTAMIN	IATION	_	_
1 IN OUT Person in charge presen	nt, demonstrates knowledge, and		-	15 (IN 16 (IN	See Marine Street			d and protected	ized	+	\vdash
2 IN OUT N/A Illinois Food Service Sal	nitation Manager Certification		-	_	OUT	`	Proper disposi	tion of returned, previous	1000	+	<u> </u>
EMPLOYEE I				1/(114			reconditioned a		D CAFETY	\perp	_
3 IN OUT Management, food employee and conditional employee; knowledge, responsibilities and reporting				OCINI	15.04(6.02)			RE CONTROL FO	KSAFETY		
4 IN OUT Proper use of restriction	and exclusion		- 1	18 (IV 19 (IV			C. Cold Actes, Delanders	time & temperatures ng procedures for hot hol	ding	+	_
5 IN OUT Procedures for respondi	ing to vomiting and diarrheal events			O IN	OUT N/A			time and temperature	ding	+	_
GOOD HYGIENIC PRACTICES				1 (IN	OUT N/A			ding temperatures		\Box	
6 IN OUT N/O Proper eating, tasting, d	N/O Proper eating, tasting, drinking, or tobacco use			2 (IN	OUT N/A	N/O	Proper cold ho	lding temperatures			
7 (IN) OUT N/O No discharge from eyes, nose, and mouth			2	23 (IN	OUT N/A	N/O	Proper date ma	arking and disposition			
PREVENTING CONTAMI	NATION BY HANDS		2	4 IN	OUT N/A	ON (Time as a Publ	ic Health Control; proced	dures & records		
8 IN OUT N/O Hands clean & properly	washed							MER ADVISORY			
9 IN OUT N/A N/O No bare hand contact wi	ith RTE food or a pre-approved	×	2	5 (IN)				isory provided for raw/un			
Adequate handwashing	sinks properly supplied and	x	٦,		OUT N/A			PTIBLE POPULA			_
accessible APPROVED S	SOURCE			БПИ				ods used; prohibited food ES AND TOXIC S		╧	_
11 (IN) OUT N/O Food obtained from appr			2	7(IN)	OUT N/A			approved and properly		ÍТ	_
	oc. 10 New N. Good Charles (New Street Control of Contr			=	OUT N/A			es properly identified, sto			- 1
	Food in good condition, safe, & unadulterated			1-	CONF	ORMA	NCE WITH	APPROVED PR	OCEDURES		7
	ole: shellstock tags, parasite	+	- 2	9 (N)	OUT N/A		Compliance wit	h variance/specialized pr	rocess/HACCP		
destruction											
	GOOD F	RET.	AIL	PRA	CTICE	S					
Good Retail Praction	ces are preventative measures to co	ntrol th	he ad	dition c					The second		
SAFE FOOD AN	ID WATER				l			PMENT, AND VE			
80 (IN) OUT N/A Pasteurized eggs used w				47 (IN	OUT		Food & non-food lesigned, constr	contact surfaces cleana ucted & used	ble, properly		
Water & ice from approve				48 (IN	OUT N/A		Varewashing fac	cilities: installed, maintain	ned & used; test		
	ecialized processing methods		-	49 (IN	OUT			t surfaces clean			
FOOD TEMPERATURE CONTROL Proper cooling methods used; adequate equipment for			寸				PHYSIC	AL FACILITIES			
temperature control				50 (IN	OUT	H	lot & cold water	available; adequate pres	ssure		
14 IN OUT N/A N/O Plant food properly cooke		\vdash		=	OUT	F	Plumbing installe	d; proper backflow device	es		
15 IN OUT N/A N/O Approved thawing methological IN OUT (N/A) Thermometers provided		\vdash		52 (IN)	OUT	S	sewage & waste	water properly disposed			\neg
			<u> </u>	53 (IN	OUT	Т	oilet facilities: p	roperly constructed, supp	olied, & cleaned		
FOOD IDENTIFICATION 7 (N) OUT Food properly labeled; original container			<u> </u>	54 (IN	OUT	0	Sarbage & refus	e properly disposed; facil	ities maintained		
PREVENTION OF FOOD CONTAMINATION			7	55 (IN	OUT	F	hysical facilities	installed, maintained & d	clean		
8 (IN) OUT Insects, rodents, & animals not present			5	56 (IN	OUT	Δ	dequate ventila	tion & lighting; designate	d areas used		
9 (IN OUT Contamination prevented	during food preparation, storage &						EMPLO'	YEE TRAINING			
0 (IN) OUT Personal cleanliness		\vdash	5	7 (N	OUT	А	II food employe	es have food handler trai	ning	\Box	
1 (IN) OUT Wiping cloths: properly us	sed & stored	\vdash	5	8 (N	OUT	A	llergen training	as required			
2 IN OUT N/A Washing fruits & vegetab					CITY		THE RESIDENCE OF THE PARTY OF T	ORDINANCE COM	William Control State Control		
PROPER USE OF UTENSILS			5	9 (N	OUT		revious violatior urrent form it's v	n not corrected. (Previous ilation 14	S PF to P) on		

46 IN OUT N/A IOCI 17-356

43 IN OUT N/A

44 IN OUT N/A

45 IN OUT N/A

Utensils, equipment & linens: properly stored, dried, &

Single-use/single-service articles: properly stored & used

In-use utensils: properly stored

Gloves used properly



61 (IN) OUT

(IN) OUT

Previous violation not corrected. (Previous PF to P) on

No smoking regulations on current form violation 70

customers on current form violation 28

Removal of Suspension Sign

current form it's vilation 29
Inspection Summary Report not displayed and visible to all

Establishments: Marwan Grill						Establishment #: 1234567					
Disposal Ser	vice: ALLIED WAS	STE	Pest Control:	ANDERSON			Pest License #: 051	-003143			
Total # Seats: 0 # Food Prep Areas: 1		HACCP Concept Pres	HACCP Concept Presented: Yes			Citations Issued: 4			Does The Facility Cater:		
Risk: High (0 05/21/2018	Category 1) R	eason For Risk Change:	Runni	ing Hot Water: Yes	School	Туре:	# Emplo	yees: 5	# Was	shrooms. 2	
HT Dish Mad	chine:	LT Dish Machine:	3 Compartment Sink: Ye	s, Not Setup		Lice	nse Suspended:	С	ease and D	esist:	
# of Washbo	wl Sinks: 2	# of Exposed Sinks: 2	# of Utility Sinks: 1	# 2 Compartment	Sinks: 0	# 3 Com	partment Sinks: 1	# Other	Sinks:	Close Up #	
Location: TC	DILET	Location: PREP	Location: CLOSET	Location:		Location	PREP/ DISH	Location			
			TEMPERA	TURE OBS	ERVATIO	NS					
Iten	n/Location	Temp Item/Location Temp		Item/Location			Temp				
Chicker	/Cold-Hold Unit	40.00°F	/						1.5		
			OBSERVATIONS	AND COR	RECTIVE	ACTIO	NS				
Item Number		Vie	plations cited in this report n	nust be corrected w	ithin the time fr	ames belo	w.			Correct By Date	
1	2-102.11 (A): Th current inspectio	02.11 (A): The PERSON IN CHARGE shall demonstrate this knowledge by: (A) Complying with this Code by having no violations of PRIORITY ITEMS during the rent inspection							e May 21, 2018		
3		e not demonstrating knowledg he permit holder shall require		employees to repor	t to the person	in charge	information about their	health and	activities as	s Aug 21, 2018	
	Diarrhea, C) Jau wrists or forearm diagnosed by a the F) nontyphoidal exposed to, or is the outbreak, or toxin-producing lipast 14 days of the toxin-producing lipast 14 days of the past 14 days of the past 14 days of the past 14 days of the molecular past 14 days of the past 14 days 14	in illness, or of a diagnosis with a fix indice. D) Sore throat with a fix is ii. On other parts of the bod health care practitioner due to Salmonella; 3) Had a previous the suspected source of, a consumed food at an event Escherichia coli, nontyphoidal the last exposure, or D) Hepai confirmed disease outbreak, and has knowledge about, an in Escherichia coli, nontyphoidal the last exposure, or D) Hepai dithe last exposure, or D) Hepai alth policy, must provide.	ever, or E) A lesion containing, other than hands or foreet A) Norovirus, B) Hepatitis is illness, diagnosed by a heonfirmed disease outbreak, repared by a person who is Salmonella spp. or Shigellatitis A virus within the past 3 or living in the same housel individual diagnosed with an Salmonella spp. or Shigellatitis A virus within the past 3 itist in sucue for the first time.	ng pus such as a bo arms, unless the les A Virus, C) Shigella alth care practitione because the empioi infected or ill with: a spp. within the pai illoss caused by: a spp. within the pai illoss caused by: a spp. within the pai illo days of the last e no days of the last e	oil or infected with in is covered la spp., D) Shiga is spp., D) Shiga ir, within the payee or condition A) Norovirus with three (3) day xposure; 5) Hawwiedge about, A) Norovirus with three (3) day xposure.	round that by a dry, d a toxin-prod ist three (3 nal employ thin the pa s of the las s been exp an individ ithin the pa s of the las	is open or draining and urable, tight-fitting band ducing Escherichia coli;) months due to Salmo lee consumed or prepa stst 48 hours of the last of st exposure, C) Salmon losed by attending or wa ual disease outbreak, of st 48 hours of the last st exposure, C) Salmon training and st exposure, C) Salmon	is; i. On the dage; 2) Hat E) Salmon nella Typhi; red food im exposure. E ella Typhi vorking in a pr living in the exposure, E ella Typhi v	e hands, s an illness ella Typhi; s an illness ella Typhi; s 4) Has bee plicated in the setting ne same b) Shiga vithin the setting ne same b) Shiga vithin the	or en	
4	complying, 2) Co Control of Comm	employee shall: 1) Comply womply with a restriction as per nunicable Diseases Code. g raw meat with open wound.e	the Control of Communicati	ole Diseases Code.						May 21, 2018	
5		it cleaning policy, must obtain	-							May 21, 2018	
6	3-301.12: A FOOD EMPLOYEE may not use a UTENSIL more than once to taste FOOD that is to be sold or served.						May 21, 2018				
9	observed employee use a a ladle when tasting and place back in pot. five lbs of soup discarded 7-38-10 - COS 3-801.11(D): (D) FOOD EMPLOYEES may not contact READY-TO-EAT FOOD as specified under ¶¶ 3-301.11(B) and (E). food handlers handling ready-to-eat foods with bare hand (bacon wrapped steak) food discarded 3 lbs valued at \$7. priority citation issued citation issued 7-38-010 - COS							May 21, 2018			
10		A HANDWASHING SINK shock with backing sheet, pf found			mes for EMPLO	OYEE use.				May 21, 2018	
Person I		gnature) .	d	-	D	ate: 5/21	/18		<i>f</i> <u>i</u>		
Inspecto	r -	Masa	Месмора <u>Если</u> нті		F	ollow-u	o: Yes 🗹 No	Follow	v-up Dat	e:	
	PASSED:	PASSED	w/COND: X	FAILED:							

You have just received an inspection by the City of Chicago, Department of Public Health, Food Protection Program. Your feedback on the inspection process is important to us. Please go to https://www.chicagohan.org/surveys to complete a short survey.

NOTE: THE FINAL RESULTS OF THIS INSPECTION WILL BE DETERMINED BY THE REVIEWING SUPERVISING SANITARIAN