



| | | • | ugo : 0: 2 | | | | | | |
|---|----------------------------------|--|------------|--|--------------------------------------|--|--|--|--|
| Food Establishment Inspection Report | | | | | | | | | |
| Johnson County Public Health | No. Of Risk Factor/Interventi | Date: 4/29/2025 Time In: 7:43 AM Time Out:7:46 AM | | | | | | | |
| 855 S Dubuque ST STE 113 Iowa City, IA 52240-0083 | No. Of Repeat Factor/Interve | | | | | | | | |
| Establishment: SWISHER SIPS | Address: 45 2ND ST SE | City/State: Swisher, IA | Zip: 52338 | | Telephone: 3192707501 | | | | |
| License/Permit#: 252833 - Food Service Establishment License | Permit Holder: TAYLOR MATTSON | Inspection Reason: Follow Up-Letter of Correction | Est. Type: | | Risk Category: Risk Level 2 (Low) | | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable

40. Personal cleanliness

41. Wiping cloths: properly used and stored

42. Washing fruits and vegetables

(*) = Corrected on site during inspection (COS) R = Repeat violation

| Supervision | Food separated and protected (Cross Contamination and Environmental) | | | | |
|---|--|--|--------|--|--|
| Person in charge present, demonstrates knowledge, and Performs divises. | | 16. Food contact surfaces: cleaned and sanitized | N/O | | |
| performs duties 2. Certified Food Protection Manager | N/O | 17. Proper disposition of returned, previously served, reconditioned, and | N/O | | |
| | IN/O | unsafe food | , 0 | | |
| Employee Health | IN | Potentially Hazardous Food Time/Temperature Control for Safety | | | |
| Management, food employee and conditional employee knowledge, responsibilities and reporting | | 18. Proper cooking time and temperatures | N/O | | |
| Proper use of exclusions and restrictions | N/O | 19. Proper reheating procedures of hot holding | N/O | | |
| 5. Procedures for responding to vomiting and diarrheal events | N/O | 20. Proper cooling time and temperatures | N/O | | |
| Good Hygienic Practices | 21. Proper hot holding temperatures | N/O | | | |
| Proper eating, tasting, drinking, or tobacco use | N/O | 22. Proper cold holding temperatures | N/O | | |
| 7. No discharge from eyes, nose, and mouth | N/O | 23. Proper date marking and disposition | N/O | | |
| Control of Hands as a Vehicle of Contamination | 1.00 | 24. Time as a public health control: procedures and records | N/O | | |
| Hands clean and properly washed | N/O | Consumer Advisory | | | |
| No bare hand contact with ready to eat foods | N/O | 25. Consumer advisory provided for raw or undercooked foods | N/O | | |
| Hand washing sinks properly supplied and accessible | N/O | Highly Susceptible Populations | | | |
| Approved Source | | 26. Pasteurized foods used; prohibited foods not offered | N/O | | |
| 11. Foods obtained from an approved source | N/O | Food/Color Additives and Toxic Substances | | | |
| 12. Foods received at proper temperatures | N/O | 27. Food additives: approved, properly stored, and used | N/O | | |
| 13. Food in good condition, safe, and unadulterated | N/O | 28. Toxic substances properly identified, stored and used | N/O | | |
| 14. Required records available; shellstock tags, parasite destruction | N/O | Conformance with Approved Procedures | | | |
| Protection from Contamination | | Compliance with variance, specialized process, reduced oxygen packaging criteria, and HACCP plan | N/O | | |
| | | rail Practices ne addition of pathogens, chemicals, and physical objects into foods. Proper Use of Utensils | | | |
| | N/O | | N/O | | |
| 30. Pasteurized eggs used where required | N/O | 43. In use utensils: properly stored | N/O | | |
| 31. Water and ice from approved source | N/O | 44. Utensils, equipment, and linens: properly stored dried and handled | N/O | | |
| 32. Variance obtained for specialized processing methods | IN/O | 45. Single-use/single service articles: properly stored and used | N/C | | |
| Food Temperature Control | 11/0 | The state of the s | | | |
| Proper cooling methods used; adequate equipment for temperature control | N/O | Utensils, Equipment, and Vending 47. Food and non-food contact surfaces are cleanable, properly designed, | N/C | | |
| 34. Plant food properly cooked for hot holding | N/O | constructed, and used | , 14/0 | | |
| 35. Approved thawing methods | N/O | 48. Warewashing facilities: installed, maintained, and used; test strips | N/C | | |
| 36. Thermometers provided and accurate | N/O | 49. Non-food contact surfaces clean | N/C | | |
| Food Identification | | Physical Facilities | | | |
| 37. Food properly labeled; original container | N/O | 50. Hot and Cold water available; adequate pressure | N/C | | |
| Prevention of Food Contamination | | 51. Plumbing installed; proper backflow devices | N/C | | |
| 38. Insects, rodents, and animals not present/outer openings protected | | 52. Sewage and waste water properly disposed | N/C | | |
| | | 53. Toilet facilities; properly constructed, supplied, and cleaned | N/C | | |
| 39. Contamination prevented during food preparation, storage and | N/O | 54. Garbage and refuse properly disposed; facilities maintained | N/C | | |
| display | | 55. Physical facilities installed, maintained, and clean | N/C | | |
| 40 Personal cleanliness | N/O | | | | |

Inspection reports shall be posted no higher than eye level where the public can see and in a manner that the public can reasonably read the report.

N/O

N/O

N/O

56. Adequate ventilation and lighting; designated areas used

57. Licensing; posting licenses and reports; smoking

N/O

N/O

| | | | P - Priority | PF- Priority Foundation | C - Core | | | | | |
|---|--|--------------------------|---------------------|---|---|-----------------|--|--|--|--|
| | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | | |
| Item Number | Violation of Code | Priority Level | | Comment | | Correct By Date | | | | |
| | Good | l Retail Practices ar | e preventative meas | GOOD RETAIL PRACTICES ures to control the addition of pathogens, of | chemicals, and physical objects into foods. | | | | | |
| Item Number | Violation of Code | Priority Level | | Comment | | Correct By Date | | | | |
| Respons | | Correction has bee | | ttached to this report. | | | | | | |
| #3:Employees are now informed in a verifiable manner of their reporting procedures using form 1b. The following guidance documents have been issued: | | | | | | | | | | |
| | | | | | Lauranelle | | | | | |
| | | ri Hoskyn n In Charge | | | Laura Sneller Inspector | | | | | |