

Food Establishment Inspection Report

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|---|-------------------------|---|-------------------------------|---------|------------|
| Local Health Department Name and Address Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 | | No. of Risk Factor/Intervention Violations | 0 | Date | 12/28/2023 |
| | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 10:40 AM |
| Establishment Community Action Central Kitchen | License/Permit # 341 | Permit Holder CAPCIL | Risk Category High/Class I | | |
| Street Address 1800 5th St | | Purpose of Inspection Routine Inspection | | | |
| City/State Lincoln, IL | ZIP Code 62656 | | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance Status | | COS | R |
|--|-----|---|---|
| Supervision | | | |
| 1 | In | Person in charge present, demonstrates knowledge, and performs duties | |
| 2 | In | Certified Food Protection Manager (CFPM) | |
| Employee Health | | | |
| 3 | In | Management, food employee and conditional employee; knowledge, responsibilities and reporting | |
| 4 | In | Proper use of restriction and exclusion | |
| 5 | In | Procedures for responding to vomiting and diarrheal events | |
| Good Hygienic Practices | | | |
| 6 | In | Proper eating, tasting, drinking, or tobacco use | |
| 7 | In | No discharge from eyes, nose, and mouth | |
| Preventing Contamination by Hands | | | |
| 8 | In | Hands clean and properly washed | |
| 9 | N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | |
| 10 | In | Adequate handwashing sinks properly supplied and accessible | |
| Approved Source | | | |
| 11 | In | Food obtained from approved source | |
| 12 | N/O | Food received at proper temperature | |
| 13 | In | Food in good condition, safe, and unadulterated | |
| 14 | N/A | Required records available: shellstock tags, parasite destruction | |

| Compliance Status | | COS | R |
|--|-----|--|---|
| Protection from Contamination | | | |
| 15 | In | Food separated and protected | |
| 16 | In | Food-contact surfaces; cleaned and sanitized | |
| 17 | In | Proper disposition of returned, previously served, reconditioned and unsafe food | |
| Time/Temperature Control for Safety | | | |
| 18 | N/O | Proper cooking time and temperatures | |
| 19 | N/O | Proper reheating procedures for hot holding | |
| 20 | N/O | Proper cooling time and temperature | |
| 21 | N/O | Proper hot holding temperatures | |
| 22 | In | Proper cold holding temperatures | |
| 23 | In | Proper date marking and disposition | |
| 24 | N/A | Time as a Public Health Control; procedures & records | |
| Consumer Advisory | | | |
| 25 | N/A | Consumer advisory provided for raw/undercooked food | |
| Highly Susceptible Populations | | | |
| 26 | In | Pasteurized foods used; prohibited foods not offered | |
| Food/Color Additives and Toxic Substances | | | |
| 27 | In | Food additives: approved and properly used | |
| 28 | In | Toxic substances properly identified, stored, and used | |
| Conformance with Approved Procedures | | | |
| 29 | N/A | Compliance with variance/specialized process/HACCP | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

| | | COS | R |
|---|---|-----|---|
| Safe Food and Water | | | |
| 30 | Pasteurized eggs used where required | | |
| 31 | Water and ice from approved source | | |
| 32 | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | Plant food properly cooked for hot holding | | |
| 35 | Approved thawing methods used | | |
| 36 | Thermometers provided & accurate | | |
| Food Identification | | | |
| 37 | Food properly labeled; original container | | |
| Prevention of Food Contamination | | | |
| 38 | Insects, rodents, and animals not present | | |
| 39 | Contamination prevented during food preparation, storage and display | | |
| 40 | Personal cleanliness | | |
| 41 | Wiping cloths: properly used and stored | | |
| 42 | Washing fruits and vegetables | | |

| | | COS | R |
|--|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | In-use utensils: properly stored | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 45 | Single-use/single-service articles: properly stored and used | | |
| 46 | Gloves used properly | | |
| Utensils, Equipment and Vending | | | |
| 47 | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 49 | Non-food contact surfaces clean | | |
| Physical Facilities | | | |
| 50 | Hot and cold water available; adequate pressure | | |
| 51 | Plumbing installed; proper backflow devices | | |
| 52 | Sewage and waste water properly disposed | | |
| 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 55 | Physical facilities installed, maintained, and clean | | |
| 56 | Adequate ventilation and lighting; designated areas used | | |
| Employee Training | | | |
| 57 | All food employees have food handler training | | |
| 58 | Allergen training as required | | |

Food Establishment Inspection Report

Establishment: Community Action Central Kitchen

Establishment #: 341

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 200 Heat: _____

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|-----------------------------------|------|-----------------------------------|------|---------------|------|
| All Temps in °F | | | | | |
| All Cold Holding Units ≤ | 41 | Cottage cheese, in R side of | 39 | | |
| | | 3-door fridge in front of kitchen | | | |
| Beans and hotdogs, in L side of | 36 | | | | |
| 3 door-fridge in front kitchen | | Strawberry yogurt, in double- | 39 | | |
| | | door fridge in front of pantry | | | |
| 3-bean salad, in middle of | 41 | | | | |
| 3-door fridge in front of kitchen | | Onions, in double-door | 40 | | |
| | | fridge in front of pantry | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|---|
| | |
| | |
| | No violations cited during Routine Inspection. |
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CFCM Verification (name, expiration date, ID#):

Cari Doolin
22771333
Exp: 10/11/27

HACCP Topic: Discussed kitchen cleaning schedule and FIFO procedure.

Dec 28, 2023

Person in Charge (Signature)

Date

Follow-up: Yes No (Check one)

Follow-up Date: N/A

Inspector (Signature)