

# Food Establishment Inspection Report

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	12/05/2023
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:00 AM
Establishment Good Shepard Lutheran Church	License/Permit # 353	Permit Holder Gina Allison	Risk Category High / Class I		
Street Address 1140 N State 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
<b>Supervision</b>			
1	In		Person in charge present, demonstrates knowledge, and performs duties
2	In		Certified Food Protection Manager (CFPM)
<b>Employee Health</b>			
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
<b>Good Hygienic Practices</b>			
6	In		Proper eating, tasting, drinking, or tobacco use
7	In		No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>			
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
<b>Approved Source</b>			
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
<b>Protection from Contamination</b>			
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
<b>Time/Temperature Control for Safety</b>			
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
<b>Consumer Advisory</b>			
25	N/A		Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>			
26	N/A		Pasteurized foods used; prohibited foods not offered
<b>Food/Color Additives and Toxic Substances</b>			
27	In		Food additives: approved and properly used
28	In		Toxic substances properly identified, stored, and used
<b>Conformance with Approved Procedures</b>			
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
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
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		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
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
<b>Proper Use of Utensils</b>			
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		
<b>Utensils, Equipment and Vending</b>			
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		
<b>Physical Facilities</b>			
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		
<b>Employee Training</b>			
57	All food employees have food handler training		
58	Allergen training as required		

# Food Establishment Inspection Report

Establishment: Good Shepard Lutheran Church

Establishment #: 353

Water Supply:  Public  Private    Waste Water System:  Public  Private

Sanitizer Type: Bleach

PPM: 100

Heat: \_\_\_\_\_

## TEMPERATURE OBSERVATIONS


Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in °F					
All Cold Holding Units ≤	41				
Butter, in kitchen fridge	38				

## 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.

CFPM Verification (name, expiration date, ID#):  
Georgia Allison  
21812587  
Exp: 03/15/2027

HACCP Topic: Discussed cleaning schedule.

  
Person in Charge (Signature) \_\_\_\_\_ Date Dec 5, 2023

  
Inspector (Signature) \_\_\_\_\_ Follow-up:  Yes  No (Check one) Follow-up Date: N/A