

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 | 03/29/2023 |
| | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 9:45 AM |
| Establishment Wendy's | License/Permit # 312 | Permit Holder Wenzak | Risk Category High/Class I | | |
| Street Address 2815 Woodlawn Rd. | | 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 | Compliance Status | | | COS | R |
|--|-----|---|-----|---|--|-----|--|-----|---|
| Supervision | | | | | Protection from Contamination | | | | |
| 1 | In | Person in charge present, demonstrates knowledge, and performs duties | | | 15 | In | Food separated and protected | | |
| 2 | In | Certified Food Protection Manager (CFPM) | | | 16 | In | Food-contact surfaces; cleaned and sanitized | | |
| Employee Health | | | | | Time/Temperature Control for Safety | | | | |
| 3 | In | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | 17 | In | Proper disposition of returned, previously served, reconditioned and unsafe food | | |
| 4 | In | Proper use of restriction and exclusion | | | 18 | N/O | Proper cooking time and temperatures | | |
| 5 | In | Procedures for responding to vomiting and diarrheal events | | | 19 | N/O | Proper reheating procedures for hot holding | | |
| Good Hygienic Practices | | | | | 20 | N/O | Proper cooling time and temperature | | |
| 6 | In | Proper eating, tasting, drinking, or tobacco use | | | 21 | In | Proper hot holding temperatures | | |
| 7 | In | No discharge from eyes, nose, and mouth | | | 22 | In | Proper cold holding temperatures | | |
| Preventing Contamination by Hands | | | | | 23 | In | Proper date marking and disposition | | |
| 8 | In | Hands clean and properly washed | | | 24 | N/A | Time as a Public Health Control; procedures & records | | |
| 9 | In | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | Consumer Advisory | | | | |
| 10 | In | Adequate handwashing sinks properly supplied and accessible | | | 25 | N/A | Consumer advisory provided for raw/undercooked food | | |
| Approved Source | | | | | Highly Susceptible Populations | | | | |
| 11 | In | Food obtained from approved source | | | 26 | N/A | Pasteurized foods used; prohibited foods not offered | | |
| 12 | N/O | Food received at proper temperature | | | Food/Color Additives and Toxic Substances | | | | |
| 13 | In | Food in good condition, safe, and unadulterated | | | 27 | In | Food additives: approved and properly used | | |
| 14 | N/A | Required records available: shellstock tags, parasite destruction | | | 28 | In | Toxic substances properly identified, stored, and used | | |
| GOOD RETAIL PRACTICES | | | | | Conformance with Approved Procedures | | | | |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | 29 | N/A | Compliance with variance/specialized process/HACCP | | |
| 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 | | | | | | | | | |

| Compliance Status | | | COS | R | Compliance Status | | | COS | R |
|---|---|---|-----|---|--|---|--|-----|---|
| Safe Food and Water | | | | | Proper Use of Utensils | | | | |
| 30 | | Pasteurized eggs used where required | | | 43 | | In-use utensils: properly stored | | |
| 31 | | Water and ice from approved source | | | 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | | Variance obtained for specialized processing methods | | | 45 | | Single-use/single-service articles: properly stored and used | | |
| Food Temperature Control | | | | | 46 | | Gloves used properly | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | | Utensils, Equipment and Vending | | | | |
| 34 | | Plant food properly cooked for hot holding | | | 47 | | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 35 | | Approved thawing methods used | | | 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 36 | | Thermometers provided & accurate | | | 49 | | Non-food contact surfaces clean | | |
| Food Identification | | | | | Physical Facilities | | | | |
| 37 | | Food properly labeled; original container | | | 50 | | Hot and cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | | 51 | | Plumbing installed; proper backflow devices | | |
| 38 | | Insects, rodents, and animals not present | | | 52 | | Sewage and waste water properly disposed | | |
| 39 | X | Contamination prevented during food preparation, storage and display | X | X | 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 40 | | Personal cleanliness | | | 54 | | Garbage & refuse properly disposed; facilities maintained | | |
| 41 | | Wiping cloths: properly used and stored | | | 55 | X | Physical facilities installed, maintained, and clean | | |
| 42 | | Washing fruits and vegetables | | | 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: Wendy's Establishment #: 312

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 100 Heat: _____

| TEMPERATURE OBSERVATIONS | | | | | |
|------------------------------------|------|--|------------------------------------|------|------------------------------|
| Item/Location | Temp | | Item/Location | Temp | Item/Location |
| All Temps in °F | | | Chili in hot holding by drive thru | | Blue cheese crumbs in top of |
| All Cold Holding Units ≤ | 41 | | window | 178 | make table |
| | | | Pickles on middle shelf in walk in | | |
| Bacon in pan on top of make table | 135 | | cooler on right side | 39 | |
| Sliced Cheese in top of make table | | | Mayo on middle shelf in walk in | | |
| in main line | 38 | | cooler on right side | 37 | |
| Potato wedges under hot holding | | | Bacon in hot holding area near | | |
| lamp | 165 | | dry storage room | 158 | |
| Sliced tomato on counter for prep | 39 | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|--|
| 39 | Bins of bacon observed through out kitchen without proper covering. Food shall be protected from contamination. Reference section 3-307.11 of Food Code. COS, bacon covered. |
| 55 | Under equipment in kitchen, and floors of walk in observed to be soiled. Physical facilities shall be cleaned as often as necessary to keep them clean. Reference 6-501.12 section (A & B) of Food Code. To be corrected by next routine inspection. |
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CFPM Verification (name, expiration date, ID#):

| | | | |
|--------------------------|--|--|--|
| Cheyenne Devore- On file | | | |
|--------------------------|--|--|--|

HACCP Topic: Discussed appropriate glove use and procedures to avoid bare hand contact in kitchen


 Person in Charge (Signature)

 Mar 29, 2023
 Date


 Inspector (Signature)

 Follow-up: Yes No (Check one)

 Follow-up Date: N/A