## **Food Establishment Inspection Report**

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		Λ	Date	12/04/2019		
Logan County Department of Public Health			0	Time In	9:55 AM		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					_		
Establishment	Permit #	No. of Repeat Risk Factor/Intervention Violations		0	Time Out	11:00 AM	
Adams School 231			Permit Holder Risk Category				
Street Address			LESD #27		High/Class I		
1311 Nicholson Rd.	Purpose of Inspection						
City/State	ZIP Code	Routine Inspection					
Lincoln, IL	62656						

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

Mark "X" in appropriate box for COS and/or R

**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.

		Walk X in appropriate box for eog ana, or it				
	СО	S=corrected on-site during inspection R=repeat violatio	n			
Со	mpliance 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	In	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	In	Food received at proper temperature				
13	In	Food in good condition, safe, and unadulterated				
14	N/A	Required records available: shellstock tags, parasite destruction				
		COOD	DET			

Co	mpliance 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	In	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	ln	Pasteurized foods used; prohibited foods not offered					
Food/Color Additives and Toxic Substances							
27	ln	Food additives: approved and properly used					
28	ln	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 COS R

		1			
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				

	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**

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Establishment: Adams School			Establishmer	nt #: 231	
Water Supply: Number Public P	rivate Wasto	e Water System: 🛛 Public 🗌	Private		
Sanitizer Type: Chlorine		PPM: 100		Heat:	
_		TEMPERATURE OBSERVA	TIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Units ≤	41				
Blueberries, double door fridge	2 40				
Grapes, double door fridge	39				
Milk cooler	37				
Sloppy joe meat, just delivered					
73					
	0	BSERVATIONS AND CORRECT	IVE ACTIONS	5	<u> </u>
Item Number	Violation	ns cited in this report must be correc	ted within the t	ime frames below.	
Transcri .					
		No Violations Noted Durir	ng Inspection		
CFPM Verification (name, expira	tion date. ID#):				
Jennifer Mollet					
21631377 Exp: 10/7/2024					
HACCP Topic: Discussed critical	limits used for sa	anitizer at establishment			
\(\text{\chi} \) \(\tex					
Jean Mollet	Dec 4, 2019				
Person in <b>£</b> harge (Signature)		Date			
Sail -	_	F-11	Z No. (Chiral	20) 5.4 2 . 21/2	
Inspector Signature)		Follow-up: Yes	XJ NO (Cneck or	ne) Follow-up Date: N/A	