**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

**Separate Inspection Report**

**Establishment**
The Blue Moon

**License/Permit #**
279

**Street Address**
101 Gov. Oglesby

**City/State**
Elkhart, IL

**ZIP Code**
62634

**Time In**
5:55pm

**Time Out**
6:30pm

**Date**
05/29/2019

**No. of Risk Factor/Intervention Violations**
0

**No. of Repeat Risk Factor/Intervention Violations**
0

**Risk Category**
Low/Class III

**Purpose of Inspection**
Routine Inspection

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**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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<tr>
<th>Compliance Status</th>
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<tr>
<td>N/A</td>
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**Supervision**

1. Person in charge present, demonstrates knowledge, and performs duties
2. Certified Food Protection Manager (CFPM)

**Employee Health**

3. Management, food employee and conditional employee; knowledge, responsibilities and reporting
4. Proper use of restriction and exclusion
5. Procedures for responding to vomiting and diarrheal events
6. Proper eating, tasting, drinking, or tobacco use
7. No discharge from eyes, nose, and mouth

**Preventing Contamination by Hands**

8. Hands clean and properly washed
9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed
10. Adequate handwashing sinks properly supplied and accessible

**Approved Source**

11. Food obtained from approved source
12. Food received at proper temperature
13. Food in good condition, safe, and unadulterated
14. Required records available: shellstock tags, parasite destruction

**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

**Safe Food and Water**

30. Pasteurized eggs used where required
31. Water and ice from approved source
32. Variance obtained for specialized processing methods

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**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

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**GOOD RETAIL PRACTICES**

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Food Establishment Inspection Report

Establishment: The Blue Moon

Establishment #: 279

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Quat

PPM: 200

Heat: _________

TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
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<tbody>
<tr>
<td>All Temps in °F</td>
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</tr>
<tr>
<td>All Cold Holding Units ≤</td>
<td>41</td>
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OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below.

No Violations Noted During Inspection

CFPM Verification (name, expiration date, ID#):

HACCP Topic: Discussed clean-up procedures for vomit and diarrheal accidents.

Person in Charge (Signature):

Date: May 29, 2019

Inspector (Signature):

Follow-up: ☐ Yes ☒ No (Check one)  Follow-up Date: N/A