Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address			No. of Risk Factor/Intervention Violations		<u> </u>	Date	05/29/2019	
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			Tec. of hisk raceoff intervention violations		-	Time In	5:55pm	
· · · · · · · · · · · · · · · · · · ·	License/F		No. of Repeat Risk Factor/Intervention Violations 0		0	Time Out	6:30pm	
The Blue Moon 279			Permit Holder Risk Cat		· .	· ,		
Street Address			eresa Hanner Low/Class III					
101 Gov. Oglesby	Purpose of Inspection							
City/State ZIP Code			Routine Inspection					
Elkhart, IL 62634								

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.

	COS	-corrected on-site during inspection k =repeat violatio	11			
Со	mpliance Status		cos	R		
Supervision						
1	In	Person in charge present, demonstrates knowledge, and performs duties				
2	N/A	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				
		GOOD	DET	·ΛΙ		

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/A	Proper cooking time and temperatures						
19	N/A Proper reheating procedures for hot holding							
20	N/A Proper cooling time and temperature							
21	N/A 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	N/A	Pasteurized foods used; prohibited foods not offered						
90	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		Ľ.
34	Plant food properly cooked for hot holding		į
35	Approved thawing methods used		
36	Thermometers provided & accurate	1	
	Food Identification		
37	Food properly labeled; original container		
- 55	Prevention of Food Contamination	0 8	
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

Page 2 of 2

Establishment: The Blue Moon			Establishment #:	279	
Water Supply: Number Public Pr	ivate Waste \	Vater System: ⊠ Public □	Private		
Sanitizer Type: Quat		PPM: 200	H	leat:	
		TEMPERATURE OBSERV	ATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Units ≤	41				
Itam		ERVATIONS AND CORREC			
Item Number	Violations o	ited in this report must be corre	ected within the time f	rames below.	
		No Micheller of Notes I B	*		
		No Violations Noted Du	uring inspection		
CFPM Verification (name, expirat	ion date, ID#):				
HACCP Topic: Discussed clean-up	procedures for v	omit and diarrheal accidents	•		
, 11					
2 man Harmon		May 29, 2019	_		
Person in Charge (Signature)		Date			
San D.			_		
Inspector (Signature)		Follow-up: Yes	No (Check one)	Follow-up Date: N/A	