## 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

<table>
<thead>
<tr>
<th>Establishment</th>
<th>License/Permit #</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS #6820</td>
<td>203</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>S34 Woodlawn Rd.</td>
<td>62656</td>
</tr>
</tbody>
</table>

**Permit Holder**: Highland Park CVS
**Risk Category**: Low/Class III
**Purpose of Inspection**: Routine inspection

### NO. OF RISK FACTOR/INTERVENTION VIOLATIONS

- **0**

### NO. OF REPEAT RISK FACTOR/INTERVENTION VIOLATIONS

- **0**

**Date**: 03/19/2019
**Time In**: 11:05am
**Time Out**: 11:45am

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**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.

<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
</table>

#### 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. **N/O** Hands clean and properly washed
9. **N/A** 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 RETAIL PRACTICES

**Safe Food and Water**

- Pasteurized eggs used where required
- Variance obtained for specialized processing methods

**Food Temperature Control**

- Proper cooling methods used, adequate equipment for temperature control
- Plant food properly cooked for hot holding
- Approved thawing methods used
- Thermometers provided & accurate

### Food Identification

- Food properly labeled; original container

### Prevention of Food Contamination

- Insects, rodents, and animals not present
- Contamination prevented during food preparation, storage and display
- Personal cleanliness
- Wiping cloths: properly used and stored
- Washing fruits and vegetables

### Employee Training

- All food employees have food handler training
- Allergen training as required
## Food Establishment Inspection Report

Establishment: CVS #6820  
Establishment #: 203

Water Supply: ☑ Public ☐ Private  
Waste Water System: ☑ Public ☐ Private

Sanitizer Type: N/O  
PPM:  
Heat:  

### TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Temps in °F</td>
<td>41</td>
</tr>
<tr>
<td>All Cold Holding Units ≤</td>
<td></td>
</tr>
<tr>
<td>Milk in glass front fridge</td>
<td>39</td>
</tr>
</tbody>
</table>

### OBSERVATIONS AND CORRECTIVE ACTIONS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Violations cited in this report must be corrected within the time frames below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Shelves in milk cooler soiled. Section 4-601.11(C) of the Food Codes states, &quot;NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.&quot; To be corrected by the Next Routine Inspection.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>N/A</th>
</tr>
</thead>
</table>

HACCP Topic: Discussed Temperature monitoring for cold holding units

Person in Charge (Signature):  
Date: Mar 19, 2019

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

[Image]