**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>Cafe Billiards</td>
<td>265</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230 Fifth St</td>
<td>Lincoln, IL</td>
<td>62656</td>
</tr>
</tbody>
</table>

**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

- **Compliance 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. **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

**Consumer Advisory**

25. **IN** Consumer advisory provided for raw/undercooked food

**Food Temperature Control**

33. **IN** Proper cooling methods used; adequate equipment for temperature control
34. **IN** Plant food properly cooked for hot holding
35. **IN** Approved thawing methods used
36. **IN** Thermometers provided & accurate

**Safe Food and Water**

30. **IN** Proper use of utensils
31. **IN** Water and ice from approved source
32. **IN** Variance obtained for specialized processing methods

**Prevention of Food Contamination**

37. **IN** Food properly labeled; original container
38. **IN** Insects, rodents, and animals not present
39. **IN** Contamination prevented during food preparation, storage and display
40. **IN** Personal cleanliness
41. **IN** Wiping cloths: properly used and stored
42. **IN** Washing fruits and vegetables

**Required records available: shellstock tags, parasite destruction**

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

- **Compliance Status**
  - **COS**
  - **R**

**Safe Food and Water**

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

**Food Temperature Control**

33. **COS** Proper cooling methods used; adequate equipment for temperature control
34. **COS** Plant food properly cooked for hot holding
35. **COS** Approved thawing methods used
36. **COS** Thermometers provided & accurate

**Food Identification**

37. **COS** Food properly labeled; original container
38. **IN** Insects, rodents, and animals not present
39. **IN** Contamination prevented during food preparation, storage and display
40. **IN** Personal cleanliness
41. **IN** Wiping cloths: properly used and stored
42. **IN** Washing fruits and vegetables

**Prevent Use of Utensils**

43. **IN** In-use utensils: properly stored
44. **IN** Utensils, equipment & linens: properly stored, dried, & handled
45. **IN** Single-use/single-service articles: properly stored and used
46. **IN** Gloves used properly

**Utensils, Equipment and Vending**

47. **IN** Food and non-food contact surfaces cleanable, properly designed, constructed and used
48. **IN** Warewashing facilities: installed, maintained, & used; test strips
49. **IN** Non-food contact surfaces clean

**Physical Facilities**

50. **IN** Hot and cold water available; adequate pressure
51. **IN** Plumbing installed; proper backflow devices
52. **IN** Sewage and waste water properly disposed
53. **IN** Toilet facilities: properly constructed, supplied, & cleaned
54. **IN** Garbage & refuse properly disposed; facilities maintained
55. **IN** Physical facilities installed, maintained, and clean
56. **IN** Adequate ventilation and lighting; designated areas used

**Employee Training**

57. **IN** All food employees have food handler training
58. **IN** Allergen training as required
# Food Establishment Inspection Report

**Establishment:** Cafe Billiards  
**Establishment #:** 265

**Water Supply:** ☒ Public ☐ Private  
**Waste Water System:** ☒ Public ☐ Private

**Sanitizer Type:** Chlorine  
**PPM:** 100  
**Heat:**

## TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Temps in °F</td>
<td></td>
</tr>
<tr>
<td>All Cold Holding Units ≤</td>
<td>41</td>
</tr>
<tr>
<td>Sliced Tomatoes in 3 door fridge Right door</td>
<td>37</td>
</tr>
<tr>
<td>Coleslaw in 3 door fridge Left door</td>
<td>36</td>
</tr>
<tr>
<td>Ham slice in 3 door fridge middle door</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broccoli Cheese soup in steam tray</td>
<td>146</td>
</tr>
<tr>
<td>Olives in store room fridge</td>
<td>36</td>
</tr>
</tbody>
</table>

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

***55***  
Wall beside fryer with food debris, floor under fryers soiled. Section 6-501.12 of the Food Code states, "Physical facilities shall be cleaned as often as necessary to keep them clean." To be corrected by the Next Routine inspection.

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**CFPM Verification (name, expiration date, ID#):**  
Kevin Hutchison  
21544188  
Exp. 02/02/2019

**HACCP Topic:** Discussed Holding temps and temperature monitoring.

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**Person in Charge (Signature):**  
**Date:** Apr 2, 2019

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