Food Establishment Inspection Report

Page 1 of 2

Least Hastele Devester and News and Address														
Local Health Department Name and Address Logan County Department of Public Health							No. of Risk Factor/Intervention Violations 0 Date 01/1)
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No	No. of Repeat Risk Factor/Intervention Violations 0 Time Out 2:5								
Establishment License/Permit #												pm		
Casey's General Store #3501 304						Permit Holder Risk Category Casey's Retail Company Medium/Class II								
Street Address 1006 Woodlawn Rd.						Purpose of Inspection								
City/State ZIP Code														
Lincoln, IL 62656						Routine Inspection								
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered													
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a							Pick factors are important practices or precedures identified							
Mark "X" in appropriate box for COS and/or R									re control measu					
COS=corrected on-site during inspection R=repeat violation													-	
Cor	npliance Status			COS	R								COS	R
		Supervision			1	Protection from Contamination								
1	In	Person in charge present, demonstra performs duties	tes knowledge, and				15	In	Food separated a		and conitized	$ \rightarrow $		
2	In	Certified Food Protection Manager (C	CFPM)				16	In	Food-contact surf Proper disposition	,				
		Employee Health			1		17	In	reconditioned and		served	'		
3	In	Management, food employee and conditional employee;				Time/Temperature Control for Safety								
4	In	knowledge, responsibilities and repo Proper use of restriction and exclusion	-	_		-	18				atures			
5	ln	Procedures for responding to vomitir					19	N/A	1 01 0					
		Good Hygienic Practices			1		20	N/A	Proper cooling tin					
6	In	Proper eating, tasting, drinking, or to	bacco use	T		11	21 22	N/O In	Proper hot holdin			+		
7	In	No discharge from eyes, nose, and m	outh	-			22	In	Proper cold holdin Proper date mark			+		
		Preventing Contamination by	Hands	-	1	1	23	N/A	Time as a Public H			cords		
8	In	Hands clean and properly washed					27	14/71		er Advisory		.0103		
9	In	No bare hand contact with RTE food					25	N/A	Consumer advisor		raw/undercooke	ed food		
10	In	alternative procedure properly allowed				Highly Susceptible Populations								
10		Approved Source	y supplied and accessibi	e			26	N/A	Pasteurized foods	used; prohibit	ed foods not offe	ered		
11	In	Food obtained from approved source		1				Foo	d/Color Additive	es and Toxic S	Substances			
12	N/O	Food received at proper temperature		+			27	In	Food additives: ap	pproved and pr	operly used			
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances			used		
14	N/A	Required records available: shellstoc	< tags, parasite						nformance with					
		destruction	C001				29		Compliance with	variance/specia	alized process/H/	АССР		_
								CTICES	and a state of a state	1 - 1	Co o do			
N		Good Retail Practices are prevent nbered item is not in compliance	ative measures to co Mark "X" in appre						cals, and physica corrected on-site	2		peat vio	latio	n
10				<u> </u>	R		000			, during inspe		·	cos	R
Safe Food and Water									Proper Use	of Utensils				
30	Pasteurized eggs u	Pasteurized eggs used where required				43	3	In-use utensils: properly stored						
31	Water and ice from	Water and ice from approved source				44	1	Utensils, equipment & linens: properly stored, dried, & handled						
32	Variance obtained for specialized processing methods					45 Single-use/single-service articles: properly stored and used								
Food Temperature Control						46	5	Gloves used properly						
33		Proper cooling methods used; adequate equipment for temperature control							Utensils, Equipm		-			
34		Plant food properly cooked for hot holding				47	7	Food and non-food co and used	ontact surfaces clea	inable, properl	y designed, cons	ructed,		
35		Approved thawing methods used Thermometers provided & accurate			-	48	3	Warewashing facilitie	s: installed, mainta	ined, & used; t	est strips			
36 Thermometers provided & accurate Food Identification					_	49 Non-food contact surfaces clean								
Food Identification 37 Food properly labeled; original container									-	Facilities				
	Prevention of Food Contamination					50								
38	Insects, rodents, and animals not present					51		Plumbing installed; proper backflow devices						-
39	Contamination prevented during food preparation, storage and display				52 53		Sewage and waste water properly disposed							
40	Personal cleanliness				53		Toilet facilities: properly constructed, supplied, & cleaned						-	
41	Wiping cloths: properly used and stored				55		Garbage & refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean				-+		-	
42 Washing fruits and vegetables						56		Adequate ventilation			ed	-+		
										e Training				
						57	7	All food employees ha	ave food handler tr	aining				
						58	3	Allergen training as re	equired					

Food Establishment Inspection Report

Establishm	nent: Casey's General St	ore #3501		Establishment	: #: 304	Page 2 01 2
	pply: 🛛 Public 🗌 Pri		ste Water System: 🔀 Public 🗌 P		<u></u>	
	ype: Quat		PPM: 200		Heat:	
			TEMPERATURE OBSERVAT	TIONS		
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Cold Holding Units ≤41°F			Milk and cheese in coolers	≤41 ° F		
Turkey in sandwich table $36 \circ 100$						
Dennen						
Pepperc	oni in pizza maketab	1e 38 ° F				
			OBSERVATIONS AND CORRECTIV	VE ACTIONS		
ltem Number		Violati	ons cited in this report must be correcte	ed within the tir	ne frames below.	
*	No Violations Note	d During In	spection			
		U	•			
CFPM Ver	rification (name, expirat	ion date, ID#):		1	
	il Mulks, 21322690					
Ex	p. March 6, 2022					
НАССР То	opic: Discussed clea	anup proce	dures for vomit & diarrhea			
\sim	$\cdot \land \cdot$					
Con	()	5	01/11/2019			
Person in Ch	arge (Signature)	3	Date			
\mathcal{N}					N 5-11 5 NI/A	
Inspector (Si	gnature)		Follow-up: Yes 🗸	No (Check one	e) Follow-up Date: N/A	

Page 2 of 2