

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		No. of Risk Factor/Intervention Violations 0	Date 02/05/2019
		No. of Repeat Risk Factor/Intervention Violations 0	Time In 1:50pm
Establishment Chances R	License/Permit # 240	Permit Holder Ralph Demling	Risk Category High Risk/Class I
Street Address 421 N. Chicago St.		Purpose of Inspection Routine Inspection	
City/State Lincoln, IL	ZIP Code 62656		

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.

Compliance Status	COS	R	Description	Compliance Status	COS	R	Description
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	In		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				
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/O		Proper cooking time and temperatures				
19	N/O		Proper reheating procedures for hot holding				
20	N/O		Proper cooling time and temperature				
21	In		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				
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

Compliance Status	COS	R	Description	Compliance Status	COS	R	Description
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				
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				
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				
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

Establishment: Chances R Establishment #: 240

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 200 Heat: _____

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
All Cold Holding Units ≤	41		Hamburger in walk-in	36			
Sliced Tomatoes in prep table	37		Cheese sauce on silver prep table	144			
Mushrooms in prep table	36						
Hamburger under prep table	35						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
*	No Violations Noted During Inspection

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

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HACCP Topic: Discussed Clean-up Procedures for Vomit & Diarrheal event

[Signature] 02/05/2019
 Person in Charge (Signature) Date

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