Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Risk Factor/Intervention Violations 1 Date 04/0						2019	
Logan County Department of Public Health												10:25	:25am	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No	No. of Papast Rick Factor/Intervention Violations						11:15	am	-
Establishment License/Permit # Discount Tobacco 334					Pe	Permit Holder Risk Category								-
Street Address						Duffy & Associates, Inc. Medium/Class II								
809 Woodlawn Rd.							Purpose of Inspection							
City/State ZIP Code							Pointing loss atting							
Lincoln, IL 62656						Routine Inspection								
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
	Circle designat			_		T								
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								pplicable Risk factors are important practices or procedures identified as						
Mark "X" in appropriate box for COS and/or R							 prevalent contributing factors of foodborne illness or injury. Public he interventions are control measures to prevent foodborne illness or in 							
COS=corrected on-site during inspection R=repeat violation								interventions a	e control meas				ingui	y.
Compliance Status COS							Con	npliance Status				C	os	R
Supervision									Protection fro		tion			
1	In	Person in charge present, demonstra performs duties	tes knowledge, and				15	In	Food separated a		1 1.1 1		_	
2	Out	Certified Food Protection Manager (C	CFPM)	-	-		16	In	Food-contact sur				_	_
		Employee Health			-		17	In	Proper dispositio reconditioned an		reviously served,	ʻ []		
3	In	Management, food employee and co		T		1		Т	ime/Temperatu	ire Control fo	r Safety			
_		knowledge, responsibilities and repo		4			18	N/O	Proper cooking ti	ime and temper	atures			
4	In	Proper use of restriction and exclusion					19	N/A	Proper reheating	procedures for	hot holding			
5	In	Procedures for responding to vomitin	-				20	N/A	Proper cooling tin	me and tempera	ature			
		Good Hygienic Practices		î i			21	N/O	Proper hot holdir	ng temperatures	5		-	
6	In	Proper eating, tasting, drinking, or to		4	_		22	In	Proper cold holdi	ing temperature	S			_
7	In	No discharge from eyes, nose, and m		4			23	In	Proper date mark	king and disposi	tion		_	
	In	Preventing Contamination by	Hands	1	1		24	In	Time as a Public I	Health Control;	procedures & rec	ords:		
8	In	Hands clean and properly washed No bare hand contact with RTE food	or a pro approved	-	-				Consum	ner Advisory				
9	N/O	alternative procedure properly allow					25	N/A	Consumer adviso			d food		
10	In	Adequate handwashing sinks proper	y supplied and accessible	-					Highly Suscep					
		Approved Source					26	N/A	Pasteurized food			red	_1	_
11	In	Food obtained from approved source	2	1			0.7		d/Color Additive					_
12	N/O	Food received at proper temperature	2				27	N/A	Food additives: a				_	_
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances			used		_
14	N/A	N/A Required records available: shellstock tags, parasite					20	N/A	nformance with					-
14 14 29 N/A Compliance with variance/specialized process/HACCP GOOD RETAIL PRACTICES										_				
-		Good Retail Practices are prevent							calc. and physics	al objects into	foods			
N		nbered item is not in compliance	Mark "X" in appro						corrected on-site	•		peat viol	atio	n
						T		•				· ~		R
Safe Food and Water									Proper Use	e of Utensils				
30	Pasteurized eggs u	Pasteurized eggs used where required				43 In-use utensils: properly stored								
31	Water and ice from	Water and ice from approved source				44	4	Utensils, equipment & linens: properly stored, dried, & handled						
32	32 Variance obtained for specialized processing methods					45	5	Single-use/single-service articles: properly stored and used						
Food Temperature Control						46 Gloves used properly						_	_	
33		thods used; adequate equipment for t	emperature control				-		Utensils, Equipr					
34		Plant food properly cooked for hot holding				47	7	Food and non-food co and used	ontact surfaces cle	anable, properly	/ designed, const	ructed,		
35		Approved thawing methods used				48	8	Warewashing facilitie	s: installed, mainta	ained, & used; t	est strips		-	
36 Thermometers provided & accurate					_	49	9	Non-food contact sur	faces clean				1	
Food Identification									Physical	Facilities				
37 Food properly labeled; original container						50	0	Hot and cold water av	vailable; adequate	pressure				
Prevention of Food Contamination 38 Insects, rodents, and animals not present						5:	1	Plumbing installed; pr	oper backflow dev	vices				
38 39	Contamination prevented during food preparation, storage and display				_	52	2	Sewage and waste wa	ter properly dispo	osed				
39 40	Personal cleanliness				_	53 Toilet facilities: properly constructed, supplied, & cleaned								
-	41 Wiping cloths: properly used and stored				-	54	1.1	Garbage & refuse pro	perly disposed; fa	cilities maintain	ed			
42 Washing fruits and vegetables				-	55	-	Physical facilities insta							
							6	Adequate ventilation		·	d			
						-	-			e Training			_	
						57	1.	All food employees ha		raining				
							8	Allergen training as re	quirea				_	

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Establishm	nent: Discount Tobacco)	Establishment #: 334						
Water Sup	pply: 🛛 Public 🗌 Pi	rivate Waste	e Water System: 🔀 Public 🗌] Private					
Sanitizer T	ype: Chlorine		PPM: 100		Heat:				
			TEMPERATURE OBSER	ATIONS					
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp			
All Temps in °F									
All Cold Holding Units ≤ 41									
	Pizza frozen								
		0	BSERVATIONS AND CORREC	CTIVE ACTIONS					
ltem Number		Violation	s cited in this report must be corr	ected within the ti	me frames below.				
2	2 No Certified Food Protection Manager on file. Section 2-102.12(A) of the Food Code states, "The PERSON IN CHARGE shall								
	certified FOOD prote	ection manager	who has shown proficiency of	required informa	ation through passing a test that i	s part of an			
	ACCREDITED PROGRAM." Establishment will enroll employee considered "The Person in Charge" in a CFPM course and will u								
	the Health Department as soon as enrolled in class. Health Department will follow up on 4/8/19 if the Department has not he								
	from the establishment.								
	l rification (name, expira	tion date ID#).							
HACCP To	opic: Discussed clean-u	p procedures fo	r vomit and diarrheal event						
\mathcal{A}	· · · · · · · · · · · · · · · · · · ·								
	helle White		Apr 3, 2019	_					
Person in Cha	arge (Signature)		Date						

Follow-up: Yes No (Check one)

Follow-up Date: 04/08/2019

Inspector (Signature)

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