Food Establishment Inspection Report

													Pag	ge 1	of
Loc	cal Health Departme	nt Name and Address				N/	2 0	f Dick	Easter/Intervention	n Violations	0	Date	01/29	9/201	9
Logan County Department of Public Health						INC	No. of Risk Factor/Intervention Violations			n violations	0	Time In	9:0)0am	_
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					_ No	o. of	f Rep	eat Risk Factor/Inte	Risk Factor/Intervention Violations		Time Out		00am	_	
Establishment License/Permit #				ermit #		Pe	Permit Holder			Ī	Risk Categor		10.0	Joann	_
Dotty's 404						SOILL Restaurant Systems Medium/Cla				•					
Street Address 1487 Woodlawn Rd					-	Purpose of Inspection								_	
					-			•							
City/State ZIP Code Lincoln, IL 62656						Ro	outii	ne Ins	spection						
		FOODBORNE I			CTO	RS /	١N	D DI	LIBLIC HEALTH	INTERVENT	IONS				
_	6: 1 1 : .							<i>D</i> F (ODLIC HEALIN	INTERVENT	10113				_
	IN=in compliance	ed compliance status (IN, OUT, N OUT=not in compliance N/C	N/O, N/A) foi D =not obser			ed itei it app		hla	Risk factors ar	e important prac	tices or proce	dures identi	fied as tl	he mo	st
	iii-iii compilance	Mark "X" in appropriate box for		_	A -110	r app	iica	DIE	II .	ributing factors o		-	•		
	COS=	corrected on-site during inspection	-	eat violati	on				interventions a	re control measu	ires to prever	nt foodborne	illness c	or inju	ry.
Co	mpliance Status				СО	S R		Con	npliance Status					cos	R
		Supervision								Protection fro	m Contamina	ation		نصا	-
	1	Person in charge present, demonstra	ates knowledg	ge, and	Ť	T		15	In	Food separated a					Г
1	In	performs duties		- '				16	In	Food-contact surf	faces; cleaned a	nd sanitized			Н
2	In	Certified Food Protection Manager ((CFPM)					17	la.	Proper disposition	n of returned, p	reviously serve	ed,		
		Employee Health						1/	In	reconditioned an	d unsafe food				L
3	In	Management, food employee and co		ployee;					7	ime/Temperatu	re Control fo	r Safety			
4	In	knowledge, responsibilities and reportance of restriction and exclusion			+	+	4	18	N/O	Proper cooking ti	me and temper	atures			L
5	In	<u> </u>		aal ayaats	+	+	4	19	N/A	Proper reheating	procedures for	hot holding			L
2		Procedures for responding to vomiti		ear events			-	20	N/A	Proper cooling tir	ne and tempera	ature			
6	1	Good Hygienic Practices			1	Ť		21	N/A	Proper hot holdin	g temperature	s			
6	In	Proper eating, tasting, drinking, or to			+	+	-	22	In	Proper cold holdi	ng temperature	es .			
7	In	No discharge from eyes, nose, and n			1	1_		23	In	Proper date mark	ing and disposi	tion			
		Preventing Contamination by	Hands		1	a		24	N/A	Time as a Public H	lealth Control;	procedures & r	records		
8	In	Hands clean and properly washed			_	+	-			Consum	er Advisory				
9	N/O	No bare hand contact with RTE food alternative procedure properly allow		roved				25	N/A	Consumer adviso	ry provided for	raw/undercoo	ked food		
10	In	Adequate handwashing sinks proper		nd accessible		1	1			Highly Suscep	tible Populat	ions			
		Approved Source	, 54, 104 4.		-	_	0	26	N/A	Pasteurized foods	s used; prohibit	ed foods not o	ffered		
11	In	Food obtained from approved source	~ <u> </u>		1	1	-		Foo	d/Color Additive	es and Toxic S	ubstances			
12	N/O	Food received at proper temperatur			-	+		27	N/A	Food additives: a	pproved and pr	operly used			
13	In	Food in good condition, safe, and un			+	+	+	28	In	Toxic substances	properly identi	fied, stored, an	d used		
		Required records available: shellstoo		te	+	+	+		Co	nformance with	Approved Pr	ocedures		0 9	
14	N/A	destruction	ck tugs, purusi					29	N/A	Compliance with	variance/specia	lized process/	HACCP		
		At .		GOO) RE	TAI	L P	PRAC	CTICES						
		Good Retail Practices are preven	itative meas	ures to co	ntrol	the a	ddit	tion o	of pathogens, chemi	icals, and physica	I objects into	foods.			
N	/lark "X" in box if nur	nbered item is not in compliance	e Mark "	X" in appro	pria	te box	x fo	r COS	and/or R COS=	corrected on-site	e during inspe	ction R=ı	repeat v	iolatic	on
					cos	R								cos	R
		Safe Food and Water			100					Proper Use	of Utensils				
30	Pasteurized eggs u	sed where required					43	3	In-use utensils: prope	erly stored					
31	Water and ice from	n approved source					44	4	Utensils, equipment	& linens: properly s	tored, dried, &	handled			
32	Variance obtained	for specialized processing methods					45	5	Single-use/single-ser	vice articles: proper	rly stored and u	ised			
		Food Temperature Contro	ol				46	6	Gloves used properly						
33	Proper cooling me	thods used; adequate equipment for	temperature	control						Utensils, Equipm	nent and Ven	ding			
34	Plant food properl	y cooked for hot holding					47	7	Food and non-food c	ontact surfaces clea	anable, properi	y designed, cor	structed		Г
35	Approved thawing	methods used			- 5		-	_	and used					<u> </u>	-
36	Thermometers pro				- 1	7:	48	-	Warewashing facilitie	-	nned, & used; t	est strips		-	-
		Food Identification					49	9	Non-food contact sur						L
37	Food properly labe	eled; original container					_		[m-x	•	Facilities				
- 15		Prevention of Food Contamina	ation		- 4		50		Hot and cold water a		•			-	-
38	Insects, rodents, a	nd animals not present		T	7		5:		Plumbing installed; p	•				-	-
39		evented during food preparation, store	age and displa	ay			52	-	Sewage and waste w					-	-
40	Personal cleanline				7		53	-	Toilet facilities: prope						_
41	-	perly used and stored					54	_	Garbage & refuse pro			ed			
42	Washing fruits and						55	_	Physical facilities inst						
پت	and and	· J ·					56	6	Adequate ventilation			ed			
									T::	Employe	e Training			_	
							57	7	All food employees h	ave food handler tr	raining				

Allergen training as required

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Establishment: Dotty's			Establishment #:	404						
Water Supply: Public P	rivate Waste	Water System: 🛛 Public 🗌	Private							
Sanitizer Type: Not Observed		PPM:	H	leat:						
		TEMPERATURE OBSERV	ATIONS							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
All Cold Holidng Units below or	41									
Deli Turkey in sandwich table	40									
	OB	SERVATIONS AND CORREC	TIVE ACTIONS							
Item Number Violations cited in this report must be corrected within the time frames below.										
	* No violations noted during inspection.									
CFPM Verification (name, expira	ation date, ID#):									
Christina Sparks 21068416 Exp 2/17/2020										
HACCP Topic: Discussed Thermo	l ometer usage and	cleaning & sanitizing								
Christina Spanlo		Jan 29, 2019								
Person in Charge (Signature)		Date								
Aar A.		en	₩ No. (Charles)	Fallery D : NI/A						
Inspector (Signature)		Follow-up: Yes	⊠ ио (Cneck one)	Follow-up Date: N/A						