Food Establishment Inspection Report

								Page 1 of 2
Local Health Department Name and Address			No. of Risk Factor/Intervention Violations		0	Date	03/11/2019	
Logan County Department of Public Health			No. of Mak ractor/intervention violations			ا	Time In	9:00am
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						3.00aiii		
Establishment License/		/Permit #	No. of Repeat Risk Factor/Intervention Violation		ons ()		Time Out	10:00am
Eaton Cafeteria 251			Permit Holde	r	Risk Category			
Street Address			Eaton Corporation High			High/Class I		
1725 1200th Ave			Purpose of Inspection					
City/State ZIP Code			Routine Inspection					
Lincoln, IL 62		62656	Toutine inspection					
FOODBORNE IL	LNESS	RISK FACTOR	S AND PU	BLIC HEALTH INTERVENT	TIONS			
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 Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health								

		mark A in appropriate box for cos ana/or it		
	cos	ecorrected on-site during inspection Rerepeat violatio	n	
Co	mpliance 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	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		
		GOOD	RET	All

interventions are control measures to prevent foodborne illness or injury.							
Compliance Status		cos	R				
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							

Compliance with variance/specialized process/HACCP

PRACTICES

N/A

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 COS=corrected on-site during inspection Mark "X" in appropriate box for COS and/or R R=repeat violation

		cos	R	
	Safe Food and Water	0.0		
30	Pasteurized eggs used where required			4
31	Water and ice from approved source			4
32	Variance obtained for specialized processing methods		, ,	4
	Food Temperature Control			4
33	Proper cooling methods used; adequate equipment for temperature control		r-5	23
34	Plant food properly cooked for hot holding			
35	Approved thawing methods used			-
36	Thermometers provided & accurate		7:0	+
	Food Identification			-
37	Food properly labeled; original container			5
	Prevention of Food Contamination			5
38	Insects, rodents, and animals not present			5
39	Contamination prevented during food preparation, storage and display			5
40	Personal cleanliness			5
41	Wiping cloths: properly used and stored			- 1
42	Washing fruits and vegetables			5

		cos	R
	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

Page 2 of 2

Establishment: Eaton Cafeteria		E	stablishmen	t #: 251	
Water Supply:	vate Was	ste Water System: 🛛 Public 🔲 Pr	ivate	-	
Sanitizer Type: Quat		PPM: 200		Heat:	
		TEMPERATURE OBSERVAT	IONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F		Scrambled Eggs in steam table	187		
All Cold Holding Units ≤	Gravy in steam table	156			
Imitation Crab in Walk-in Cooler	39				
Ranch in kitchen fridge	40				
		OBSERVATIONS AND CORRECTIV	E ACTIONS		
Item	Violatio	ons cited in this report must be corrected	d within the ti	me frames below.	
Number No violations note					
* INO VIOIALIONS HOL	ed during ii	ispection			
CFPM Verification (name, expirat	ion date, ID#):			
Tiffany Werth	T	,			
163014 Exp. 02/03/2022					
HACCP Topic: Discussed proper of	ooking and h	olding temperatures			
Person in Charge (Signature)		Mar 11, 2019			
Person in Charge (Signature)		Date			
Jan Di		Follow-up: 🗌 Yes 🔀	No (Check on	e) Follow-up Date: N/A	
Intractor (Signatura)			(CIICCR OII	Tollow-up Date. 1477	