Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address						No. of Rick Eactor/Intervention Vielations 0 Date 05/2						05/23	/2010		
Logan County Department of Public Health															
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No. of Ponest Bick Easter/Intervention Violations						2:15	15pm			
Establishment License/Permit #												3:00	Dpm		
Glass House Tavern 360						Permit Holder Risk Category								- 1	
Street Address						Irv Gesner Low/Class III									
700 Pulaski St						Purpose of Inspection								- 1	
City/State ZIP Code						- Routine Inspection									
Line	Lincoln, IL 62656														
		FOODBORNE IL	LNESS RISK FAC	CTOR	RS A	١N	D Pl	JBLIC HEALTH	INTERVENT	IONS					
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i								1							
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a							policable Risk factors are important practices or procedures identified as the m								
Mark "X" in appropriate box for COS and/or R								prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury							
COS=corrected on-site during inspection R=repeat violation								interventions a	re control measu	ires to prever	it loodborne li	mess or	rinjui	y.	
Compliance Status COS							Com	pliance Status					cos	R	
Supervision							Protection from Contamination								
1	In	Person in charge present, demonstra	tes knowledge, and	Ť		1	15	In	Food separated a	nd protected					
1		performs duties					16	In	Food-contact sur	faces; cleaned a	and sanitized				
2	N/A	Certified Food Protection Manager (C	CFPM)				17	In	Proper dispositio		reviously served	, 1			
		Employee Health					1/	In	reconditioned an						
3	In	Management, food employee and co							ime/Temperatu						
		knowledge, responsibilities and report		-		$\left \right $	18	N/A	Proper cooking ti	me and temper	atures				
4 5	In	Proper use of restriction and exclusion		-			19	N/A	Proper reheating	procedures for	hot holding				
2	In	Procedures for responding to vomitin	is and diarmeal events	1			20	N/A	Proper cooling tir	ne and tempera	ature				
	1	Good Hygienic Practices	h	1			21	N/A	Proper hot holdin	g temperature	S				
6	In	Proper eating, tasting, drinking, or to		-			22	In	Proper cold holdi	ng temperature	25				
7	In	No discharge from eyes, nose, and m		<u>.</u>			23	In	Proper date mark	ing and disposi	tion				
		Preventing Contamination by I	Hands	1	1		24	N/A	Time as a Public H	lealth Control;	procedures & ree	cords			
8	In	Hands clean and properly washed							Consum	er Advisory					
9	N/A	No bare hand contact with RTE food alternative procedure properly allow	• • •				25	N/A	Consumer adviso	ry provided for	raw/undercooke	d food			
10	In	Adequate handwashing sinks properly		<u>_</u>			1		Highly Suscep	tible Populat	ions				
		Approved Source	,	-			26	N/A	Pasteurized food	s used; prohibit	ed foods not offe	ered			
11	In	Food obtained from approved source		1		11	2°	Foo	d/Color Additive	es and Toxic S	Substances				
12	N/O	Food received at proper temperature		-			27	N/A	Food additives: a	pproved and pr	operly used				
13	In	Food in good condition, safe, and una		-			28	In	Toxic substances	properly identi	fied, stored, and	used			
		Required records available: shellstock		-		11		Co	nformance with	Approved Pr	ocedures				
14	N/A	destruction					29	N/A	Compliance with	variance/specia	alized process/HA	ACCP			
			GOOL	D RE	ΓΑΙΙ	LΡ	RAC	CTICES							
		Good Retail Practices are prevent	ative measures to cor	ntrol th	ne ad	ddit	ion o	f pathogens, chemi	cals, and physica	I objects into	foods.				
N	lark "X" in box if nur	nbered item is not in compliance	Mark "X" in appro	priate	box	for	COS	and/or R COS=	corrected on-site	e during inspe	ction R=re	peat vio	olatio	n	
				cos	R								cos	R	
		Safe Food and Water		101					Proper Use	e of Utensils					
30	Pasteurized eggs u	sed where required				43	3	In-use utensils: prope	rly stored						
31	Water and ice from	n approved source				44		Utensils, equipment &	k linens: properly s	tored, dried, &	handled		_		
32	Variance obtained	for specialized processing methods				45	5	Single-use/single-serv	ice articles: prope	rly stored and u	ised				
	·	Food Temperature Control				46	5	Gloves used properly							
33	Proper cooling met	thods used; adequate equipment for t	emperature control	3.2					Utensils, Equipn	nent and Ven	ding				
34	Plant food properly cooked for hot holding					47	,	Food and non-food co	ontact surfaces clea	anable, properl	y designed, const	tructed,			
35	Approved thawing	methods used					+ +	and used						_	
36	Thermometers pro	vided & accurate				48	+ +	Warewashing facilitie		imea, & used; t	est strips			-	
Food Identification						49	<u>' </u>	Non-food contact sur		Feetlet-					
37	Food properly labe	led; original container	1	T			T T	11-1		Facilities		Ť	- 1		
		Prevention of Food Contamina	tion	-		50	+ +	Hot and cold water av		•		\rightarrow	-	\neg	
38	18 Insects, rodents, and animals not present					- 51 Plumbing installed; proper backflow devices								_	
39	Contamination prevented during food preparation, storage and display					- 52 Sewage and waste water properly disposed									
40	40 Personal cleanliness					- 53 Toilet facilities: properly constructed, supplied, & cleaned									
41 Wiping cloths: properly used and stored					54	-	Garbage & refuse pro			ed		_			
42 Washing fruits and vegetables						55	+ +	Physical facilities insta							
					_	56	<u> </u>	Adequate ventilation			20			_	
						-		All food		e Training				_	
						57	+ +	All food employees ha		raining					
						58	5	Allergen training as re	quired						

Food Establishment Inspection Report

Establishm	nent: Glass House Tave	rn	Establishment #: 360						
Water Sup	pply: 🛛 Public 🗌 Pi	rivate Waste \	Water System: 🔀 Public 🗌	Private					
Sanitizer T	ype: Chlorine			Heat:	eat:				
			TEMPERATURE OBSERVA	TIONS					
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp			
	All Temps in ∘F								
All C	old Holding Units ≤	41							
	Juice in fridge	38							
		OBS	ERVATIONS AND CORRECT						
Item			tited in this report must be correc		ne frames below.				
Number									
	No Violations noted during inspection								
CEPM Ver	ification (name, expira	tion date ID#).							
	nic: Discussed clean-u	n procedures for v	omit and diarrheal accidents		I				
	pier Discussed cicali-u								

In Mesner

May 23, 2019 Date

Person in Charge (Signature)

Inspector nfature)

Follow-up: 🗌 Yes 🔀 No (Check one)

Follow-up Date: N/A

Page 2 of 2