## Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Rick Eactor (Intervention Violations 0 Date 12/20							•
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317												9:15		
Establishment License/Permit #					No	No. of Repeat Risk Factor/Intervention Violations 0 Time Out 9:50						9:50	AM	
The Korner Cafe 267						Permit Holder Risk Category								-
Street Address						Samantha Underwood High/Class I								
151 Macon St.						Purpose of Inspection								
City/State ZIP Code						-								
Latham, IL 62543							Routine Inspection							
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i													
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a								<b>Pick factors</b> are important practices or precedures identified as the						
	·	Mark "X" in appropriate box fo	-					0		, ,				
COS=corrected on-site during inspection R=repeat violation								interventions ar	e control measu	res to prever		mess or	injur	у.
Compliance Status COS							Com	pliance Status					cos	R
Supervision						Protection from Contamination								
1	In	Person in charge present, demonstra	tes knowledge, and			]	15	In	Food separated an	nd protected				
_		performs duties Certified Food Protection Manager (C				+	16	In	Food-contact surf	aces; cleaned a	and sanitized			
2	In	0 (					17	In	Proper disposition reconditioned and		reviously served	l,		
		Employee Health Management, food employee and co	nditional employee:	1				T			r Safaty			
3	In	knowledge, responsibilities and report				Time/Temperature Control for Safety           18         In           Proper cooking time and temperatures								
4	In	Proper use of restriction and exclusion	n				19	N/O						
5	In	Procedures for responding to vomitin	ng and diarrheal events				20	N/O	1 01 0					
		Good Hygienic Practices					21	In	Proper hot holding					
6	In	Proper eating, tasting, drinking, or to	bacco use				22	In	Proper cold holdir					
7	In	No discharge from eyes, nose, and m	outh				23	In	Proper date marki					
		Preventing Contamination by I	Hands				24	N/A	Time as a Public H			cords		
8	In	Hands clean and properly washed							Consume	er Advisory	·		l	
9	N/O	No bare hand contact with RTE food					25	N/A	Consumer advisor	y provided for	raw/undercooke	ed food		
10	In	alternative procedure properly allow Adequate handwashing sinks properl							Highly Suscept	tible Populat	ions			
10		Approved Source	y supplied and decession	-			26	N/A	Pasteurized foods	used; prohibit	ed foods not offe	ered		
11	In	Food obtained from approved source	<u>.</u>	1		1 [		Food	d/Color Additive	s and Toxic S	ubstances			
12	N/O	Food received at proper temperature					27	In	Food additives: ap	proved and pr	operly used			
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances p	properly identif	fied, stored, and	used		
14	N/A	Required records available: shellstocl	< tags, parasite			1		Cor	nformance with	Approved Pr	ocedures			
14	IN/A	destruction					29	N/A	Compliance with v	variance/specia	alized process/H/	ACCP		
			GOOL	D RE	ΓΑΙΙ	LP	RAC	CTICES						
		Good Retail Practices are prevent												
N	1ark "X" in box if nun	nbered item is not in compliance	Mark "X" in appro	·	box	for	· COS	and/or R COS=c	corrected on-site	during inspe	ection R=re	peat vio		
COS R													cos	R
20	Dectourized eggs u	Safe Food and Water				Proper Use of Utensils								
30 31		Pasteurized eggs used where required Water and ice from approved source			_	43     In-use utensils: properly stored       44     Utensils, equipment & linens: properly stored, dried, & handled								
32		Variance obtained for specialized processing methods			$\neg$	45 Single-use/single-service articles: properly stored and used								-
Food Temperature Control						46 Gloves used properly								
33	Proper cooling met	hods used; adequate equipment for t		T					Jtensils, Equipm	ent and Ven	ding			
34	Plant food properly cooked for hot holding					47	,	Food and non-food co			-	tructed,		
35		Approved thawing methods used						and used						
36						48		Warewashing facilities		ined, & used; t	est strips			
Food Identification						49	1	Non-food contact surf		<b>F</b> 1111				
37	7 Food properly labeled; original container					50		Hot and cold water	-	Facilities		-		
	Prevention of Food Contamination					50		Hot and cold water av						-
38	Insects, rodents, and animals not present					51         Plumbing installed; proper backflow devices           52         Sewage and waster properly disposed								
39	Contamination prevented during food preparation, storage and display					52     Sewage and waste water properly disposed       53     Toilet facilities: properly constructed, supplied, & cleaned							-	
40	Personal cleanliness					55         Tonet facilities, properly constructed, supplied, & cleaned           54         Garbage & refuse properly disposed; facilities maintained							-+	
41 Wiping cloths: properly used and stored						55								-
42 Washing fruits and vegetables						56		Adequate ventilation			ed			$\neg$
										Training				
						57	7	All food employees ha	ive food handler tr	aining				
							3	Allergen training as re	quired					

## Food Establishment Inspection Report

Establishm	nent: The Korner Cafe			Establishment #: 267								
Water Sup	oply: 🛛 Public 🗌 Pri	vate Was	te Water System: 🔀 Public 🗌	] Private								
Sanitizer T	ype: Chlorine			Heat:								
			TEMPERATURE OBSERV	ATIONS								
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
All Temps in ∘F												
All C	cold Holding Units ≤	41										
Pick	les, L kitchen fridge	36										
Hamburger, R kitchen fridge		39										
Chipped beef gravy, storage		35										
	fridge											
Sausage patty on stove		172										
Gra	avy in steam table	136										
		(	DBSERVATIONS AND CORREC	TIVE ACTIONS		<b>I</b>						
ltem Number		Violatio	ons cited in this report must be corre	ected within the ti	me frames below.							
	No Violations Noted During Inspection											
	rification (name, overiat	ion data ID#)										
CFPIVI Ver	rification (name, expirat	ion date, ID#)	•									
	Sam Underwood Exp: 6/25/2024											
НАССР То	opic: Discussed establish	ment's policy	for hand washing									
۲	<b>x</b> ( ). A											
Samasha Hummel			Dec 20, 2019	_								
Person in Ch	arge (Signature)		Date									
Join	le		Follow-up: 🗌 Yes	🔀 No (Check on	e) Follow-up Date: N/A							

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