		Food	Esta	blishr	ne	nt	Ins	pection	Report						
													Pag	ge 1	of 2
Local Health Department Name and Address					No. of Risk Factor/Intervention Violations 0 Date					05/08	5/08/2019				
Logan County Department of Public Health					110.	OI INISK				U	Time In	9:4	5am	_	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No.	No. of Repeat Risk Factor/Intervention Violations 0 Time Out					10:	20am			
Establishment License/Per Lincoln Junior High School 246			Permit #		Permit Holder Risk Category					Louin	_				
Street Address 246					LESD #27 High/Class I										
1	8 Broadway St					_		Inspection		10.7					
_	y/State		-	ZIP Code		1	•	·							
	coln, IL			62656		Rou	tine Ins	pection							
	,	FOODBORNE II	INFSS	BISK EVC.	TOR	S A	ND PI	IRLIC HEALT	H INTERVEN	TION	ς				
	IN=in compliance	ed compliance status (IN, OUT, N, OUT=not in compliance N/O Mark "X" in appropriate box for corrected on-site during inspection	not obsect of the contract of	erved N/A	=not	appli	cable	prevalent co intervention	are important prace ntributing factors of are control meas	of food	borne i	llness or inju	y. Publi	c hea	lth iry.
100	mpliance Status	Composition			Icos	R	Com	pliance Status	Protection fro	C		***		cos	LK
		Supervision  Person in charge present, demonstra	tes knowle	ndge and	<del>1 -</del>		15	In	Food separated a			ition			r -
1	In	performs duties	ites knowie	uge, una			16	In	Food-contact sur			and sanitized			$\vdash$
2	In	Certified Food Protection Manager (	CFPM)						Proper disposition				d.		$\vdash$
Employee Health						17 In Proper disposition of returned, preconditioned and unsafe food					_,				
3	In	Management, food employee and co		mployee;					Time/Temperato	ure Con	ntrol fo	r Safety			
H		knowledge, responsibilities and repo			-	H	18	In	Proper cooking t	ime and	temper	atures			
4	In	Proper use of restriction and exclusion		ala a al la casa da	$\vdash$		19	N/O	Proper reheating	proced	ures for	hot holding			
5	In	Procedures for responding to vomiting		rneal events	_	L1	20	N/O	Proper cooling ti						
	1	Good Hygienic Practices			_		21	In	Proper hot holdi	ng temp	eratures	s			L
7	In In	Proper eating, tasting, drinking, or to No discharge from eyes, nose, and m					22	In	Proper cold hold						
$\vdash$	ın	L			_		23	In	Proper date mar	king and	disposi	tion			
	ln.	Preventing Contamination by	nanas		_		24	N/A	Time as a Public	Health C	Control;	procedures & r	ecords		
8	In	Hands clean and properly washed			$\vdash$	Ш			Consun	ner Adv	visory				

$\sim$	RETAIL		CTICEC
(-( )( )  )	REIAII	PRA	111 F S

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

25

26

27

28

29

In

In

In

In

N/A

R=repeat violation Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection COS R

1410	in A in box in numbered item is not in compliance width A in app	лории	te be	// IC
		cos	R	
	Safe Food and Water	30 52		
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		·	20
34	Plant food properly cooked for hot holding			
35	Approved thawing methods used			
36	Thermometers provided & accurate			2
	Food Identification			-
37	Food properly labeled; original container			5
- 15	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

No bare hand contact with RTE food or a pre-approved

Adequate handwashing sinks properly supplied and accessible

alternative procedure properly allowed

Food obtained from approved source

Food received at proper temperature

destruction

**Approved Source** 

Food in good condition, safe, and unadulterated

Required records available: shellstock tags, parasite

		COS	٠,
- 500	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		

Consumer advisory provided for raw/undercooked food

Pasteurized foods used; prohibited foods not offered

Toxic substances properly identified, stored, and used

Compliance with variance/specialized process/HACCP

**Highly Susceptible Populations** 

**Food/Color Additives and Toxic Substances** 

**Conformance with Approved Procedures** 

Food additives: approved and properly used

In

In

In

N/O

In

N/A

10

12

13

## **Food Establishment Inspection Report**

					Page 2 of 2
Establishment: Lincoln Junior Hig	h School	E	Establishmeı	nt #: <u>246</u>	
Water Supply: Nublic P	rivate Wa	ste Water System: 🛛 Public 🗌 Pı	rivate		
Sanitizer Type: Chlorine		PPM: 100		Heat:	
		TEMPERATURE OBSERVAT	IONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F		Fried Rice in warming cabinet	161		
All Cold Holding Units ≤	41	Fried rice out of the oven	182		
Cottage Cheese, R side of walk-i	n 38				
Popcorn chicken on roller rack	31				
in walk-in					
Salad cooler on serve line	38				
Milk cooler on serve line	37				
		OBSERVATIONS AND CORRECTIV	/E ACTIONS	S	
Item Number	Violati	ons cited in this report must be correcte	d within the t	time frames below.	
		No violations noted durin	g inspection	1	
CFPM Verification (name, expira	tion date, ID#	):			
Denise Sullivan		,			
21487928					
Exp: 07/25/2019					
HACCP Topic: Discussed cleanin	g schedule				
Prinist D. Smillian		May 8, 2019			
Person in Charge (Signature)	Date				
1					
Jan Jan		Follow-up: ☐ Yes ☒	No (Check o	ne) Follow-up Date: N/A	
Inspector (Fignature)			(Check Of	, I ollow-up Date.	