Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Pick Easter /Intervention Violations 0 Date 03/28/							/2019	
Logan County Department of Public Health						No. of Risk Factor/Intervention Violations 0 Time In						2:15pm		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Repeat Risk Factor/Intervention Violations							·	
Establishment License/Permit #												3:15	m	_
Logan Lanes 281						Permit Holder Risk Category Shawn Taylor Medium/Class II								
Street Address						Purpose of Inspection								-
1700 5th St														
City/State ZIP Code Lincoln, IL 62656						Routine Inspection								
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													_
			_	UP		INTERVENTI					_			
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered								Bisk factors are important practices or procedures identified					e mos	st
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Mark "X" in appropriate box for COS and/or R								prevalent contr	ibuting factors of	foodborne i	llness or injur	y. Public	healt	th
COS=corrected on-site during inspection R=repeat violation								interventions a	re control measur	es to prever	nt foodborne i	illness or	injur	y.
Cor	npliance Status		•	cos	R	Г	Con	npliance Status					cos	R
Supervision						1			Protection from	Contamina	ition			
		Person in charge present, demonstra	tes knowledge, and	1	1		15	In	Food separated an			Ť	-1	-
1	In	performs duties	6,				16	In	Food-contact surfa	· .	nd sanitized		-	-
2	In	Certified Food Protection Manager (C	CFPM)				-		Proper disposition	,		d,	-	-
		Employee Health					17	In	reconditioned and					
3	In	Management, food employee and conditional employee;			Γ	1		Time/Temperature Control for Safety						
		knowledge, responsibilities and report Proper use of restriction and exclusion		-	-		18	In	Proper cooking tim	e and temper	atures			
4 5	In In	Proper use of restriction and exclusion Procedures for responding to vomitir		-	-		19	N/A	Proper reheating p		-			
2	III	Good Hygienic Practices	-	1			20	N/A	Proper cooling time	e and tempera	ature			
6	In			î i	-	1.	21	N/O	Proper hot holding					_
7	In	Proper eating, tasting, drinking, or to No discharge from eyes, nose, and m		+	-		22	In	Proper cold holding					
-		Preventing Contamination by					23	In	Proper date markir					
8	In	Hands clean and properly washed	nanus	1	1		24	N/A	Time as a Public He		procedures & re	ecords		
		No bare hand contact with RTE food	or a pre-approved		-					r Advisory				
9	In	alternative procedure properly allow					25	N/A	Consumer advisory	·		ed food		_
10	In	Adequate handwashing sinks proper	y supplied and accessibl	2					Highly Suscept					
		Approved Source					26	N/A	Pasteurized foods			fered		_
11	In	Food obtained from approved source	2	1			27		d/Color Additives					_
12	N/O	Food received at proper temperature	2				27	In	Food additives: app			d used		_
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances p	· ·		used		-
14	N/A	Required records available: shellstock destruction	k tags, parasite				29	N/A	nformance with A Compliance with va					_
			600	DE.				CTICES		andree/specie				-
-		C									f			
		Good Retail Practices are prevent nbered item is not in compliance	Mark "X" in appro						cais, and physical corrected on-site	•		epeat vic	Istin	<u> </u>
						T					N=N	· ~		R
Safe Food and Water					-	-			Proper Use	of Utensils		ł		_
30	Pasteurized eggs u	sed where required	ï	T	-	43 In-use utensils: properly stored						Ť	Ť	-
31	Water and ice from	•			-	44		Utensils, equipment & linens: properly stored, dried, & handled						
32		Variance obtained for specialized processing methods				45	-	Single-use/single-service articles: properly stored and used					-	
Food Temperature Control						46 Gloves used properly						-1		
33	Proper cooling met	thods used; adequate equipment for t							Utensils, Equipme	ent and Ven	ding		1	
34	Plant food properly	Plant food properly cooked for hot holding				47	Food and non-food contact surfaces cleanable, properly designed, constructed							_
35	Approved thawing	Approved thawing methods used						and used					_	_
36	Thermometers provided & accurate					48	-	Warewashing facilities		ied, & used; t	est strips		_	_
Food Identification						49	"	Non-food contact sur						
37 Food properly labeled; original container						-		Hot and coldter	Physical F			T	T	
Prevention of Food Contamination						50 51	-	Hot and cold water av						_
38	38 Insects, rodents, and animals not present					51		Plumbing installed; pr	•					_
39	Contamination prevented during food preparation, storage and display					52	1	Sewage and waste water properly disposed					-	
40	Personal cleanliness					54	0.0	Toilet facilities: properly constructed, supplied, & cleaned						-
41	Wiping cloths: properly used and stored					54	1.	Garbage & refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean					-	
42 Washing fruits and vegetables						56	-	Adequate ventilation			•d		-	_
								- acquate ventilation	Employee		-	1	1	_
							7	All food employees ha				1	1	_
						58	1.12	Allergen training as re						-

Food Establishment Inspection Report

Establishm	nent: Logan Lanes		Establishment #: 281						
	pply: 🛛 Public 🗌 Priv	vate Waste	e Water System: 🔀 Public 🗌 F						
	ype: Chlorine		nvate	Heat:	Heat:				
			TEMPERATURE OBSERVA	TIONS					
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp			
	All Temps in ∘F		Wings out of the fryer	198					
All C	old Holding Units ≤	41							
Pic	kles in prep table	40							
	omatoes in prep table	38							
	Turkey in prep table	36							
	ickles in walk-in	37							
Sliced	tomatoes in walk-in	38							
		O	BSERVATIONS AND CORRECTI	VE ACTIONS	5				
ltem Number		Violation	s cited in this report must be correct	ed within the t	ime frames below.				
39	Ice bin behind bar und	overed. Sectio	n 3-305.11(A)(2) of the Food Cod	e states, "FO	OD shall be protected from conta	mination by			
	storing the FOOD Where it is not exposed to splash, dust, or other contamination." COS, bin temprorarily covered until more								
	permanent solution can be made.								
CFPM Ver	rification (name, expirati	on date, ID#):							
	Spencer Harris								
	017107260 Exp. 4/26/2021								
	· · · · · · · · · · · · · · · · · · ·	procedures for	r a vomit and diarrheal event.		1				
	. 1 .								
Shan	m Luzla	_	Mar 28, 2019						
Person in Cha	arge (Signaturé)		Date pe text here						

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Type lext nere

Follow-up Date: N/A

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