

Food Establishment Inspection Report

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|---|-------------------------|---|-------------------------------|---------|------------|
| Local Health Department Name and Address Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 | | No. of Risk Factor/Intervention Violations | 0 | Date | 08/16/2019 |
| | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 9:40am |
| Establishment MaMa's Arcade Cafe | License/Permit # 236 | Permit Holder Marci Easds & Amy Dean | Risk Category High/Class I | | |
| Street Address 513 Pulaski St. | | Purpose of Inspection Routine Inspection | | | |
| City/State Lincoln, IL | ZIP Code 62656 | | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|-----|-----|---|--|-----|-----|---|
| Supervision | | | | Protection from Contamination | | | |
| 1 | In | | | 15 | In | | |
| Person in charge present, demonstrates knowledge, and performs duties | | | | Food separated and protected | | | |
| 2 | In | | | 16 | In | | |
| Certified Food Protection Manager (CFPM) | | | | Food-contact surfaces; cleaned and sanitized | | | |
| Employee Health | | | | Time/Temperature Control for Safety | | | |
| 3 | In | | | 17 | In | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper disposition of returned, previously served, reconditioned and unsafe food | | | |
| 4 | In | | | 18 | In | | |
| Proper use of restriction and exclusion | | | | Proper cooking time and temperatures | | | |
| 5 | In | | | 19 | N/O | | |
| Procedures for responding to vomiting and diarrheal events | | | | Proper reheating procedures for hot holding | | | |
| Good Hygienic Practices | | | | 20 | N/O | | |
| 6 | In | | | Proper cooling time and temperature | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | 21 | In | | |
| 7 | In | | | Proper hot holding temperatures | | | |
| No discharge from eyes, nose, and mouth | | | | 22 | In | | |
| Preventing Contamination by Hands | | | | Proper cold holding temperatures | | | |
| 8 | In | | | 23 | In | | |
| Hands clean and properly washed | | | | Proper date marking and disposition | | | |
| 9 | In | | | 24 | N/A | | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | Time as a Public Health Control; procedures & records | | | |
| 10 | In | | | Consumer Advisory | | | |
| Adequate handwashing sinks properly supplied and accessible | | | | 25 | In | | |
| Approved Source | | | | Consumer advisory provided for raw/undercooked food | | | |
| 11 | In | | | Highly Susceptible Populations | | | |
| Food obtained from approved source | | | | 26 | N/A | | |
| 12 | N/O | | | Pasteurized foods used; prohibited foods not offered | | | |
| Food received at proper temperature | | | | Food/Color Additives and Toxic Substances | | | |
| 13 | In | | | 27 | In | | |
| Food in good condition, safe, and unadulterated | | | | Food additives: approved and properly used | | | |
| 14 | N/A | | | 28 | In | | |
| Required records available: shellstock tags, parasite destruction | | | | Toxic substances properly identified, stored, and used | | | |
| GOOD RETAIL PRACTICES | | | | Conformance with Approved Procedures | | | |
| | | | | 29 | N/A | | |
| | | | | Compliance with variance/specialized process/HACCP | | | |

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

| | | COS | R | | | COS | R |
|---|---|-----|---|--|--|-----|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | Pasteurized eggs used where required | | | 43 | In-use utensils: properly stored | | |
| 31 | Water and ice from approved source | | | 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 | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | Utensils, Equipment and Vending | | | |
| 34 | Plant food properly cooked for hot holding | | | 47 | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 35 | Approved thawing methods used | | | 48 | Warewashing facilities: installed, maintained, & used; test strips | | |
| 36 | Thermometers provided & accurate | | | 49 | X Non-food contact surfaces clean | | |
| Food Identification | | | | Physical Facilities | | | |
| 37 | Food properly labeled; original container | | | 50 | Hot and cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | 51 | Plumbing installed; proper backflow devices | | |
| 38 | Insects, rodents, and animals not present | | | 52 | Sewage and waste water properly disposed | | |
| 39 | Contamination prevented during food preparation, storage and display | | | 53 | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 40 | Personal cleanliness | | | 54 | Garbage & refuse properly disposed; facilities maintained | | |
| 41 | Wiping cloths: properly used and stored | | | 55 | X Physical facilities installed, maintained, and clean | | |
| 42 | Washing fruits and vegetables | | | 56 | Adequate ventilation and lighting; designated areas used | | |
| Employee Training | | | | Employee Training | | | |
| | | | | 57 | All food employees have food handler training | | |
| | | | | 58 | Allergen training as required | | |

Food Establishment Inspection Report

Establishment: MaMa's Arcade Cafe

Establishment #: 236

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 100

Heat: _____

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------------------|------|---------------|------|-------------------------------|------|
| All Temps in °F | | | | Country Fried Steak, on grill | 186 |
| All Cold Holding Units ≤ | 41 | | | Chili in soup steamer | 136 |
| | | | | Potato Soup in steam table | 174 |
| Hashbrowns, R kitchen fridge | 39 | | | | |
| Sausage patty, L kitchen fridge | 40 | | | | |
| Potatoes, L kitchen fridge | 39 | | | | |
| Sliced Tomatoes, prep table | 36 | | | | |
| Ham, fridge next to grill | 40 | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|---|
| 49 | Soil residue present on edges and gaskets of fridges, fronts and sides of fryers and grills. Clean all non-food contact surfaces often to prevent soil accumulation. Reference Section 4-602.13 of the Food Code. To be corrected by Next Routine Inspection. |
| 55 | Floors under equipment, in corners, and hard to reach places soiled. Physical facilities shall be maintained in good repair and cleaned as often as necessary to keep them clean. Reference section 6-501.11 and 6-501.12 of the Food Code. to be corrected by the Next Routine Inspection. |
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CFPM Verification (name, expiration date, ID#):

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|----------------------------------|--|--|--|
| Marci and several others present | | | |
|----------------------------------|--|--|--|

HACCP Topic: Discussed cooling and reheating procedures used by the establishment.


Person in Charge (Signature)

Aug 16, 2019
Date


Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: N/A