## Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address					No. of Risk Factor/Intervention Violations 0 Date 04/26						/2022	2		
Logan County Department of Public Health												D AM		
Establishment License/Permit #						No. of Repeat Risk Factor/Intervention Violations 0 Time Out 10:45							-	
Market on the Hill 289 F					Pe	Permit Holder Risk Category								-
					⊣м	Market on the Hill Cooperative Medium/Class II								
125 S Lafayette St						Purpose of Inspection								
City/State ZIP Code						Routine Inspection								
Mt Pulaski 62548							ie in	spection						
		FOODBORNE IL	LNESS RISK FA	стоі	rs A	١N	D P	<b>UBLIC HEALTH</b>	INTERVENT	IONS				
	Circle designate	ed compliance status (IN, OUT, N)	/O, N/A) for each nur	nbere	d iter	n								
	IN=in compliance	OUT=not in compliance N/O	=not observed N/	A=not	t app	lical	ble		important pract ibuting factors of	•				
		Mark "X" in appropriate box fo	-					1 ·	e control measu		•	•		
		corrected on-site during inspectio	n <b>R</b> =repeat violat	-	_			1		•				_
Con	pliance Status	<b>A</b>		COS	R		Con	npliance Status					COS	R
Ť		Supervision Person in charge present, demonstra	tos knowledge, and	Ť	1		15	1	Protection from Food separated an		ition		— î	-
1	In	performs duties	tes kilowieuge, allu				15 16	In	Food-contact surfa		nd sanitized		-	-
2	In	Certified Food Protection Manager (C	(FPM)						Proper disposition			d.		-
		Employee Health					17	In	reconditioned and			·		
3	In	Management, food employee and co						Т	ime/Temperatur	e Control fo	r Safety			
4	In	knowledge, responsibilities and report Proper use of restriction and exclusion	<u> </u>		+		18	N/O	Proper cooking tin					
5	In	Procedures for responding to vomitir		-	+		19	N/O	Proper reheating p				_	
-		Good Hygienic Practices			<u>.</u>		20	N/O	Proper cooling tim				_	
6	In	Proper eating, tasting, drinking, or to	bacco use	1			21 22	N/O In	Proper hot holding				_	_
7	In	No discharge from eyes, nose, and m	outh				22	In	Proper cold holdin Proper date marki				-	-
		Preventing Contamination by I	Hands				24	N/A	Time as a Public H			ecords		-
8	In	Hands clean and properly washed			1					er Advisory			i	-
9	In	No bare hand contact with RTE food		1			25	N/A	Consumer advisor		raw/undercook	ed food		
10	In	alternative procedure properly allow Adequate handwashing sinks properl			-				Highly Suscept			1		
10		Approved Source	y supplied and accession		<u> </u>		26	N/A	Pasteurized foods	used; prohibit	ed foods not of	fered		
11	In	Food obtained from approved source	 !	1	T			Food	d/Color Additive	s and Toxic S	ubstances			~
12	N/O	Food received at proper temperature					27	N/A	Food additives: ap	proved and pr	operly used			
13	In	Food in good condition, safe, and una	adulterated	-			28	In	Toxic substances p			dused		
14	N/A	Required records available: shellstocl	< tags, parasite						nformance with					
- 1		destruction					29	N/A	Compliance with v	ariance/specia	lized process/H	IACCP		_
								CTICES						
		Good Retail Practices are prevent nbered item is not in compliance								•				
		nbered item is not in compliance	Mark "X" in appr	cos			CUS		corrected on-site	uuring inspe	CUON R=r	epeat vi		n R
		Safe Food and Water		0001	<u> </u>	-			Proper Use	of Utensils				-
30	Pasteurized eggs u	sed where required		<u> </u>	_	43	3	In-use utensils: prope					1	-
31	Water and ice from	n approved source				44	-	Utensils, equipment 8	•	ored, dried, &	handled			
32	Variance obtained	for specialized processing methods				45	5	Single-use/single-serv	ice articles: proper	y stored and u	sed			
		Food Temperature Control				46	5	Gloves used properly						
33	Proper cooling met	thods used; adequate equipment for t	emperature control						Utensils, Equipm	ent and Ven	ding			
34	Plant food properly	y cooked for hot holding				47	7	Food and non-food co and used	ntact surfaces clea	nable, properly	y designed, con	structed,		
35	Approved thawing					48	3	Warewashing facilities	s: installed, maintai	ned, & used; t	est strips		-	
36	Thermometers pro					49	-	Non-food contact surf			•			
0.7	1	Food Identification							Physical	Facilities				
37	Food properly labe	led; original container				50		Hot and cold water av	ailable; adequate p	oressure				
Prevention of Food Contamination 38 Insects, rodents, and animals not present						51	L	Plumbing installed; pr	oper backflow devi	ces				
38 39	Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display			_	-	52	-	Sewage and waste wa	ter properly dispos	ed				
40					-	53         Toilet facilities: properly constructed, supplied, & cleaned								
41 Wiping cloths: properly used and stored				-	-	54	_	Garbage & refuse pro			ed			
42	Washing fruits and	•		-+		-	5 X	Physical facilities insta					×	
- 4			4			56	<u>'</u>	Adequate ventilation			a			_
						57	7	All food employees ha	Employee	-		1	- 1	-
						57	-	Allergen training as re		anning			-	$\neg$
								Lane Ben Gunning as le				-		

## Food Establishment Inspection Report

Establishm	ent: Market on the Hill		E	stablishmer		age 2 of 2		
	ply: 🛛 Public 🗌 Priv	ate Wa	aste Water System: 🔀 Public 🗌 Pr					
Sanitizer T	ype: Chlorine		PPM: 100		Heat:			
			TEMPERATURE OBSERVATI	ONS				
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
,	All Temps in ∘F					-		
	con in top of make table	39	French onion dip on left side					
	m in top of make table	39	of double door fridge in storage	38				
	es in top of make table	40 38	Butter Cream frosting on bottom shelf on right in double door fride	39				
Mayo in fridge below make table Potato salad in display fridge on				55				
top shelf		40						
			OBSERVATIONS AND CORRECTIV	E ACTIONS	<b>i</b>	L		
ltem Number		Violat	tions cited in this report must be corrected	l within the t	ime frames below.			
55	/ in-between use. Mops shall be place	d in a						
	position that allows t	hem to air-	-dry without soiling walls, equipment,	or supplies	. Reference Section 6-501.16 of Food	Code.		
	COS, mops taken out of mop sink.							
CFPM Ver	ification (name, expiration	on date, ID	#):					
	Bonnie Davis 21441775 03/12/2023							
НАССР То	pic: Discussed proper ha	nd washin	g procedures in establishment					

Bonniesson

Apr 26, 2022 Date

Person in Charge (Signature)

Follow-up: 🗌 Yes 🔀 No (Check one)

Follow-up Date: N/A

Inspector (Signature)