# Food Establishment Inspection Report

<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>Protection from Contamination</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 In</td>
<td>In Food separated and protected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 In</td>
<td>In Food-contact surfaces; cleaned and sanitized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 In</td>
<td>In Proper disposition of returned, previously served, reconditioned and unsafe food</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Foodborne Illness Risk Factors and Public Health Interventions

**Compliance Status**

**Supervision**

- Person in charge present, demonstrates knowledge, and performs duties
- Certified Food Protection Manager (CFPM)

**Employee Health**

- Management, food employee and conditional employee; knowledge, responsibilities and reporting
- Proper use of restriction and exclusion
- Procedures for responding to vomiting and diarrheal events

**Good Hygienic Practices**

- Proper eating, tasting, drinking, or tobacco use
- No discharge from eyes, nose, and mouth

**Preventing Contamination by Hands**

- Hands clean and properly washed
- No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed

**Approved Source**

- Food obtained from approved source
- Food received at proper temperature
- Food in good condition, safe, and unadulterated

## Good Retail Practices

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

**Safe Food and Water**

- Pasteurized eggs used where required
- Water and ice from approved source
- Variance obtained for specialized processing methods

**Temperature Control**

- Proper cooling methods used, adequate equipment for temperature control
- Plant food properly cooked for hot holding
- Approved thawing methods used

**Food Identification**

- Food properly labeled; original container

**Prevention of Food Contamination**

- Insects, rodents, and animals not present
- Contamination prevented during food preparation, storage and display
- Personal cleanliness

## Proper Use of Utensils

- In-use utensils: properly stored
- Utensils, equipment & linens: properly stored, dried, & handled
- Single-use/single-service articles: properly stored and used
- Gloves used properly

## Utensils, Equipment and Vending

- Food and non-food contact surfaces cleanable, properly designed, constructed and used
- Warewashing facilities: installed, maintained, & used; test strips

## Physical Facilities

- Hot and cold water available; adequate pressure
- Plumbing installed; proper backflow devices
- Sewage and waste water properly disposed
- Toilet facilities: properly constructed, supplied, & cleaned
- Garbage & refuse properly disposed; facilities maintained

## Employee Training

- All food employees have food handler training
- Allergen training as required

---

IOCI 17-356
Food Establishment Inspection Report

Establishment: North Green Golf Course
Establishment #: 212

Water Supply: ☒ Public ☐ Private
Waste Water System: ☒ Public ☐ Private
Sanitizer Type: Chlorine
PPM: 100
Heat: ______

TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Temps in °F</td>
<td>41</td>
</tr>
<tr>
<td>All Cold Holding Units ≤</td>
<td></td>
</tr>
<tr>
<td>Hot Dogs in kitchen fridge</td>
<td>38</td>
</tr>
</tbody>
</table>

OBSERVATIONS AND CORRECTIVE ACTIONS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Violations cited in this report must be corrected within the time frames below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>Floor tiles under sink missing, some laminate on cabinets chipping off. All physical facilities must be maintained in good repair.</td>
</tr>
<tr>
<td></td>
<td>Reference Section 6-501.11 of the Food Code.</td>
</tr>
</tbody>
</table>

CFPM Verification (name, expiration date, ID#):

HACCP Topic: Discussed cooking procedures and temperatures for TCS foods.

May 22, 2019

Person in Charge (Signature)

Date

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)
Follow-up Date: N/A