

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 | 10/06/2021 |
| | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 10:00 AM |
| Establishment North Green Golf Course | License/Permit # 212 | Permit Holder City of Atlanta | Risk Category Medium/Class II | | |
| Street Address 901 NE First St | | Purpose of Inspection Routine Inspection | | | |
| City/State Atlanta, IL | ZIP Code 61723 | | | | |

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 | N/O | | |
| Proper use of restriction and exclusion | | | | Proper cooking time and temperatures | | | |
| 5 | In | | | 19 | N/A | | |
| 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 | N/O | | |
| 7 | In | | | Proper hot holding temperatures | | | |
| No discharge from eyes, nose, and mouth | | | | 22 | In | | |
| Preventing Contamination by Hands | | | | Consumer Advisory | | | |
| 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 | | | Highly Susceptible Populations | | | |
| Adequate handwashing sinks properly supplied and accessible | | | | 25 | N/A | | |
| Approved Source | | | | Consumer advisory provided for raw/undercooked food | | | |
| 11 | In | | | Food/Color Additives and Toxic Substances | | | |
| Food obtained from approved source | | | | 26 | N/A | | |
| 12 | N/O | | | Pasteurized foods used; prohibited foods not offered | | | |
| Food received at proper temperature | | | | Conformance with Approved Procedures | | | |
| 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 | | | |
| | | | | 29 | N/A | | |
| | | | | Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

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 | 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 | Physical facilities installed, maintained, and clean | | |
| 42 | Washing fruits and vegetables | | | 56 | Adequate ventilation and lighting; designated areas used | | |
| | | | | Employee Training | | | |
| | | | | 57 | All food employees have food handler training | | |
| | | | | 58 | Allergen training as required | | |

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 | | | | | | | |
|--------------------------|------|--|---------------|------|--|---------------|------|
| Item/Location | Temp | | Item/Location | Temp | | Item/Location | Temp |
| All Temps in °F | | | | | | | |
| All Cold Holding Units ≤ | 41 | | | | | | |
| | | | | | | | |
| Pickles in Fridge | 34 | | | | | | |
| Pasta salad in Fridge | 40 | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

| OBSERVATIONS AND CORRECTIVE ACTIONS | |
|-------------------------------------|--|
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| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|---|
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| | No Violations were noted during inspection |
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CFPM Verification (name, expiration date, ID#):

| | | | |
|-----------------|--|--|--|
| Jack Renfro | | | |
|-----------------|--|--|--|

HACCP Topic: Discussed Sanitize used and routine cleaning

Person in Charge (Signature)

 Oct 6, 2021
 Date

Inspector (Signature)

 Follow-up: Yes No (Check one)

 Follow-up Date: N/A