

Food Establishment Inspection Report

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	10/26/2021
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:15 AM
Establishment Oasis Senior Center	License/Permit # 232	Permit Holder Senior Citizens of Logan County, Inc.	Risk Category High/Class I		
Street Address 2810 Woodlawn Rd.		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
Supervision			
1	In		
Person in charge present, demonstrates knowledge, and performs duties			
2	In		
Certified Food Protection Manager (CFPM)			
Employee Health			
3	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	In		
Proper use of restriction and exclusion			
5	In		
Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices			
6	In		
Proper eating, tasting, drinking, or tobacco use			
7	In		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	N/O		
Hands clean and properly washed			
9	N/O		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	In		
Adequate handwashing sinks properly supplied and accessible			
Approved Source			
11	In		
Food obtained from approved source			
12	N/O		
Food received at proper temperature			
13	In		
Food in good condition, safe, and unadulterated			
14	N/A		
Required records available: shellstock tags, parasite destruction			

Compliance Status		COS	R
Protection from Contamination			
15	In		
Food separated and protected			
16	In		
Food-contact surfaces; cleaned and sanitized			
17	In		
Proper disposition of returned, previously served, reconditioned and unsafe food			
Time/Temperature Control for Safety			
18	N/O		
Proper cooking time and temperatures			
19	N/O		
Proper reheating procedures for hot holding			
20	N/O		
Proper cooling time and temperature			
21	N/O		
Proper hot holding temperatures			
22	In		
Proper cold holding temperatures			
23	In		
Proper date marking and disposition			
24	N/A		
Time as a Public Health Control; procedures & records			
Consumer Advisory			
25	N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	In		
Food additives: approved and properly used			
28	In		
Toxic substances properly identified, stored, and used			
Conformance with Approved Procedures			
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
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, and animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored and used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot and cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage and waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, and clean		
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: Oasis Senior Center

Establishment #: 232

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				
Cheese in walk in fridge	38				
Sour Cream in Walk in fridge	40				
Whipped cream in coffee area fridge	36				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	No violations were noted during inspection.

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

Leigh Mosher- on file			
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HACCP Topic: Discussed routine cleaning schedule and chemicals used



Oct 26, 2021

Person in Charge (Signature)

Date



Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: N/A