

# 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	10/28/2019
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	2:00pm
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	Compliance Status		COS	R
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	In	Person in charge present, demonstrates knowledge, and performs duties		15	In	Food separated and protected	
2	In	Certified Food Protection Manager (CFPM)		16	In	Food-contact surfaces; cleaned and sanitized	
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
4	In	Proper use of restriction and exclusion		18	N/O	Proper cooking time and temperatures	
5	In	Procedures for responding to vomiting and diarrheal events		19	N/O	Proper reheating procedures for hot holding	
<b>Good Hygienic Practices</b>				20	N/O	Proper cooling time and temperature	
6	In	Proper eating, tasting, drinking, or tobacco use		21	N/O	Proper hot holding temperatures	
7	In	No discharge from eyes, nose, and mouth		22	In	Proper cold holding temperatures	
<b>Preventing Contamination by Hands</b>				23	In	Proper date marking and disposition	
8	In	Hands clean and properly washed		24	N/A	Time as a Public Health Control; procedures & records	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		<b>Consumer Advisory</b>			
10	In	Adequate handwashing sinks properly supplied and accessible		25	N/A	Consumer advisory provided for raw/undercooked food	
<b>Approved Source</b>				<b>Highly Susceptible Populations</b>			
11	In	Food obtained from approved source		26	N/A	Pasteurized foods used; prohibited foods not offered	
12	N/O	Food received at proper temperature		<b>Food/Color Additives and Toxic Substances</b>			
13	In	Food in good condition, safe, and unadulterated		27	In	Food additives: approved and properly used	
14	N/A	Required records available: shellstock tags, parasite destruction		28	In	Toxic substances properly identified, stored, and used	
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>			
				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
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
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		
<b>Food Temperature Control</b>				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
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		
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				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		
<b>Employee Training</b>				<b>Employee Training</b>			
				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: Machine: Heat/Chlorine for sink and wipes PPM: 100 Heat: 180

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
All Temps in °F							
All Cold Holding Units ≤	41						
Shredded Chicken in walk-in	40						

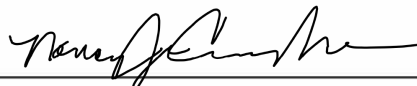
OBSERVATIONS AND CORRECTIVE ACTIONS	
-------------------------------------	--


Item Number	Violations cited in this report must be corrected within the time frames below.
	No Violations Noted During Inspection

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

Nancy present; info on file			
-----------------------------	--	--	--

HACCP Topic: Discussed warewashing machine and 3 compartment set-up

  
 \_\_\_\_\_  
 Person in Charge (Signature)
 
 Oct 28, 2019  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Inspector (Signature)
 
 Follow-up:  Yes  No (Check one)
 
 Follow-up Date: N/A