Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address							No. of Pick Easter /Intervention Violations 0 Date 05/2							
Logan County Department of Public Health														
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Panast Rick Easter/Intervention Violations							20am	
Establishment License/Permit #												10:0	0am	_
Olympia South Elementary School 347						Permit Holder Risk Category Olympia CUSD #16 High/Class I								
Street Address						Olympia CUSD #16 High/Class I Purpose of Inspection								-
103 NE 5th St														
City/State ZIP Code Atlanta, IL 61723						Routine Inspection								
70	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													-
		FOODBORNEIL		υΡ	UBLIC HEALTH	INTERVENT					_			
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i								Pisk factors are important practices or procedures identified as						st
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Mark "X" in appropriate box for COS and/or R								prevalent contributing factors of foodborne illness or injury. Public h						
COS=corrected on-site during inspection R=repeat violation								interventions a	e control measu	ires to prever	it foodborne il	Iness or	[,] injur	y.
Compliance Status COS							Con	npliance Status					cos	R
Supervision								R Compliance Status COS Protection from Contamination COS COS						
		Person in charge present, demonstrates knowledge, and			<u> </u>	15 In Food separated and protected					Ť	Ť		
1	In	performs duties					16	In	Food-contact surf		nd sanitized		-	
2	In	Certified Food Protection Manager (C	CFPM)						Proper disposition	,		l, 1		
		Employee Health					17	In	reconditioned an					
3	In	Management, food employee and conditional employee;				Time/Temperature Control for Safety								
4	In	knowledge, responsibilities and repo Proper use of restriction and exclusio	÷	-			18	N/O	Proper cooking ti					
4	In	Proper use of restriction and exclusion Procedures for responding to vomitir		+			19	N/O	Proper reheating					
		Good Hygienic Practices		1	L		20	N/O	Proper cooling tin	•				
6	In	Proper eating, tasting, drinking, or to	hacco use	î î	<u> </u>		21	N/O	Proper hot holdin				_	_
7	In	No discharge from eyes, nose, and m					22	In	Proper cold holdi				_	_
<u> </u>		Preventing Contamination by		3		1	23	In	Proper date mark					_
8	In	Hands clean and properly washed		1			24	N/A	Time as a Public H		procedures & re	cords		-
		No bare hand contact with RTE food	or a pre-approved				0.5	NIZA		er Advisory				
9	In	alternative procedure properly allow					25	N/A	Consumer adviso		-	ed food		-
10	In	Adequate handwashing sinks proper	y supplied and accessibl	e			26		Highly Suscep	•				_
		Approved Source					26	In	Pasteurized foods			erea	_	-
11	In	Food obtained from approved source	!				27	In				- 1	- 1	_
12	N/O	Food received at proper temperature	2				27	In	Food additives: a Toxic substances			ucod	-	_
13	In	Food in good condition, safe, and una	adulterated				20		nformance with			useu		
14	N/A	N/A Required records available: shellstock tags, parasite destruction					29	N/A	Compliance with				1	_
-			600		ΓΛΙΙ			CTICES						-
-		Cood Potail Practices are provent							als and physica	l objects into	foods			
₁		Good Retail Practices are prevent nbered item is not in compliance	Mark "X" in appre						corrected on-site	-		peat vio	nlatio	n
<u> </u>				cos	_	T							cos	_
		Safe Food and Water				Proper Use of Utensils								_
30	Pasteurized eggs u	sed where required	1	T		43 In-use utensils: properly stored							1	
31	Water and ice from	· ·				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								
	1	Food Temperature Control	1	1		46 Gloves used properly								
33	Proper cooling met	hods used; adequate equipment for t	I						Utensils, Equipn	nent and Ven	ding			
34	Plant food properly cooked for hot holding					47	,	Food and non-food co	ntact surfaces clea	anable, properly	/ designed, cons	tructed,		
35	Approved thawing	Approved thawing methods used				48	-	and used	installed mainte	inod 9	act string			_
36 Thermometers provided & accurate					ſ	40	-	Warewashing facilities		aneu, a useu; ti			-	\neg
Food Identification						49	1	Non-food contact sur		Facilities				_
37 Food properly labeled; original container						50	J.	Hot and cold water av	-			Ť	1	-
Prevention of Food Contamination						51	-	Plumbing installed; pr	· · ·					\neg
38						52	-	Sewage and waste wa				-	-4	\neg
39	Contamination prevented during food preparation, storage and display					53	-				ed	-	-	
40						53 Toilet facilities: properly constructed, supplied, & cleaned 54 Garbage & refuse properly disposed; facilities maintained					_	\neg		
41 Wiping cloths: properly used and stored						55	-	Physical facilities insta						
42 Washing fruits and vegetables						56	-	Adequate ventilation			ed .			
										e Training			1	
						57	/	All food employees ha		-		1		
							3	Allergen training as re	quired					

Food Establishment Inspection Report

Establishm	nent: Olympia South Elen	nentary School		Establishment	: #: 347						
	ply: D Public D Priv		Water System: 🗌 Public	 C Private							
Sanitizer T	ype: Dish: Chlorine/Cloth	ns: Quat	PPM: 100	0/200	Heat:						
			TEMPERATURE OBS	ERVATIONS							
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
	All Temps in ∘F										
All C	old Holding Units ≤	41									
Mandarir	Oranges in the walk-in	36									
	Milk Cooler	34									
		OB	SERVATIONS AND COR	RECTIVE ACTIONS							
ltem Number	me frames below.										
			No Violations Note	d During Inspection							
CFPM Ver	ification (name, expiratio	on date, ID#):									
	Jamie Furman		ila Spencer								
F	01692547	0	1701131								
HACCP To	xp: 11/10/2020 ppic:	L Exb:	02/05/2021								
you bo	u 2		May 20, 2019	May 20, 2019							
Person in Cha	arge (Signature)		Date								

Follow-up: 🗌 Yes 🔀 No (Check one)

Inspector (Signature

Page 2 of 2