Food Establishment Inspection Report

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	03/21/2019			
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (2				Time In	1:45pm			
· · · · · · · · · · · · · · · · · · ·	Permit #	No. of Repeat Risk Factor/Intervention Violations 0			Time Out	2:45pm		
Qik n EZ			Permit Holder Risk Category		• .	•		
Street Address			Chronister Oil Company Medium/C			ass II		
520 Keokuk St	Purpose of Inspection							
City/State ZIP Code			Routine Inspection					
Lincoln, IL 62656								

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

Mark "X" in appropriate box for COS and/or R

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.

		- Wark A in appropriate box for cos ana/or it		
	CO	S=corrected on-site during inspection R=repeat violatio	n	_
Con	npliance Status		cos	R
740		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	In	Food received at proper temperature		
13	In	Food in good condition, safe, and unadulterated		
14	N/A	Required records available: shellstock tags, parasite destruction		
-50		GOOD	RET	Δ

Compliance Status Co								
Protection from Contamination								
15	ln .	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	In	Proper cooking time and temperatures						
19	N/A	Proper reheating procedures for hot holding						
20	N/A	Proper cooling time and temperature						
21	In	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	N/A	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		c-
34	Plant food properly cooked for hot holding		i e
35	Approved thawing methods used		-
36	Thermometers provided & accurate	1	
	Food Identification		
37	Food properly labeled; original container		
	Prevention of Food Contamination	0 0	
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		

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Establishment: Qik n E	Z		Establishmen	t #: 293	
Water Supply: 🛛 Pu	blic Private Wast	te Water System: 🛛 Public 🗌	Private		
Sanitizer Type: Chlorin	e	PPM: <u>1</u> 00		Heat:	
		TEMPERATURE OBSERVA	TIONS		
Item/Location	on Temp	Item/Location	Temp	Item/Location	Temp
All Temps in	∘F				
All Cold Holding	Jnits ≤ 41				
Cheddar Brat in V	Valk-in 37				
Cheddar Brat on	roller 172				
Pepperoni Tornado	on roller 181				
	С	BSERVATIONS AND CORRECT	VE ACTIONS		
Item Number	Violatio	ns cited in this report must be correct	ed within the ti	me frames below.	
* No viola	ations noted during	inspection			
1,00,1,0,0	<u>.</u>				
	me, expiration date, ID#):				
Ron Brawd 17484113					
Exp: 2/19/20					
HACCP Topic: Discusse	ed Employee Health Polic	у			
O -					
for Grandy		Mar 21, 2019			
Person in Charge (Signature)	r	Date			
A 1					
Jay Ac.		Follow-up: Yes	No (Check on	e) Follow-up Date: N/A	
Inspector (Signature)					