

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	09/07/2021
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:00 AM
Establishment Sip Shack	License/Permit #	Permit Holder	Risk Category		
Street Address 513 Pulaski St #9		Sam Runge and Molly Mowmry	Medium Risk/Class 2		
City/State Lincoln	ZIP Code 62656	Purpose of Inspection Routine Inspection/30 Day inspection			

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	Description	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	In		Hands clean and properly washed			
9	In		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			
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

Compliance Status	COS	R	Description	Compliance Status	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			
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: Sip Shack Establishment #: _____

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quat PPM: 100 Heat: _____

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
All Temps in °F							
Cinnamon Roll in Fridge	41						

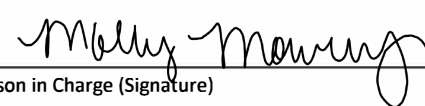
OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	Not Violations were noted during inspection


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

Sam and Molly			
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HACCP Topic: Discussed cleaning schedule and sanitizer used


 Person in Charge (Signature)

Sep 7, 2021
 Date


 Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: N/A