

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	Date	06/04/2021
		No. of Repeat Risk Factor/Intervention Violations	Time In	1:30pm
Establishment Spirited Republic	License/Permit # 216	Permit Holder DTLCG, Inc.	Risk Category Low/Class III	Time Out 2:00pm
Street Address 509 B Pulaski St.		Purpose of Inspection Routine Inspection		
City/State Lincoln	ZIP Code IL			

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
Supervision				Protection from Contamination			
1	In			15	In		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	N/A			16	In		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				Time/Temperature Control for Safety			
3	In			17	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In			18	N/A		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	In			19	N/A		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				Consumer Advisory			
6	In			20	N/A		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	In			21	N/A		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
Preventing Contamination by Hands				Highly Susceptible Populations			
8	In			22	In		
Hands clean and properly washed				Proper cold holding temperatures			
9	In			23	In		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Proper date marking and disposition			
10	In			24	N/A		
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records			
Approved Source				Food/Color Additives and Toxic Substances			
11	In			25	N/A		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	N/O			Conformance with Approved Procedures			
Food received at proper temperature				26	N/A		
13	In			Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				Food/Color Additives and Toxic Substances			
14	N/A			27	In		
Required records available: shellstock tags, parasite destruction				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			COS	R
Safe Food and Water				Proper Use of Utensils			
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		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
35	Approved thawing methods used			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				49	Non-food contact surfaces clean		
37	Food properly labeled; original container			Employee Training			
Prevention of Food Contamination				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	Contamination prevented during food preparation, storage and display			52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			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: Spirited Republic Establishment #: 216

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						


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#):

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HACCP Topic: Discussed Sanitizing and cleaning schedule

 Jun 4, 2021
 Person in Charge (Signature) Date

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