

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	12/26/2019
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:00 AM
Establishment CAPCIL Sr. Meal Site - Logan Courts	License/Permit # 378	Permit Holder Community Action of Central IL	Risk Category Medium/Class II		
Street Address 1028 N. College St.		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
Supervision			Protection from Contamination		
1	In		15	In	
Person in charge present, demonstrates knowledge, and performs duties			Food separated and protected		
2	In		16	In	
Certified Food Protection Manager (CFPM)			Food-contact surfaces; cleaned and sanitized		
Employee Health			17	In	
3	In		Proper disposition of returned, previously served, reconditioned and unsafe food		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			Time/Temperature Control for Safety		
4	In		18	N/O	
Proper use of restriction and exclusion			Proper cooking time and temperatures		
5	In		19	N/O	
Procedures for responding to vomiting and diarrheal events			Proper reheating procedures for hot holding		
Good Hygienic Practices			20	N/A	
6	In		Proper cooling time and temperature		
Proper eating, tasting, drinking, or tobacco use			21	In	
7	In		Proper hot holding temperatures		
No discharge from eyes, nose, and mouth			22	In	
Preventing Contamination by Hands			Proper cold holding temperatures		
8	In		23	In	
Hands clean and properly washed			Proper date marking and disposition		
9	N/O		24	N/A	
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Time as a Public Health Control; procedures & records		
10	In		Consumer Advisory		
Adequate handwashing sinks properly supplied and accessible			25	N/A	
Approved Source			Consumer advisory provided for raw/undercooked food		
11	In		Highly Susceptible Populations		
Food obtained from approved source			26	In	
12	In		Pasteurized foods used; prohibited foods not offered		
Food received at proper temperature			Food/Color Additives and Toxic Substances		
13	In		27	In	
Food in good condition, safe, and unadulterated			Food additives: approved and properly used		
14	N/A		28	In	
Required records available: shellstock tags, parasite destruction			Toxic substances properly identified, stored, and used		
GOOD RETAIL PRACTICES			Conformance with Approved Procedures		
			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

Compliance Status	COS	R	Compliance Status	COS	R
Safe Food and Water			Proper Use of Utensils		
30			43		
Pasteurized eggs used where required			In-use utensils: properly stored		
31			44		
Water and ice from approved source			Utensils, equipment & linens: properly stored, dried, & handled		
32			45		
Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored and used		
Food Temperature Control			46		
33			Gloves used properly		
Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending		
34			47		
Plant food properly cooked for hot holding			Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35			48		
Approved thawing methods used			Warewashing facilities: installed, maintained, & used; test strips		
36			49		
Thermometers provided & accurate			Non-food contact surfaces clean		
Food Identification			Physical Facilities		
37			50		
Food properly labeled; original container			Hot and cold water available; adequate pressure		
Prevention of Food Contamination			51		
38			Plumbing installed; proper backflow devices		
Insects, rodents, and animals not present			52		
39			Sewage and waste water properly disposed		
Contamination prevented during food preparation, storage and display			53		
40			Toilet facilities: properly constructed, supplied, & cleaned		
Personal cleanliness			54		
41			Garbage & refuse properly disposed; facilities maintained		
Wiping cloths: properly used and stored			55		
42			Physical facilities installed, maintained, and clean		
Washing fruits and vegetables			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: CAPCIL Sr. Meal Site - Logan Courts Establishment #: 378

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine PPM: 100 Heat: _____

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
All Temps in °F					
All Cold Holding Units ≤	41				
Pickles, kitchen fridge	36				
Pork Rib, meal	168				

OBSERVATIONS AND CORRECTIVE ACTIONS	
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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#):

Becky present, Info on file			
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HACCP Topic: Discussed critical limits used for food at establishment

Becky Leamon Dec 26, 2019
 Person in Charge (Signature) Date

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