

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	10/06/2021
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	4:15 PM
Establishment The Korner	License/Permit # 261	Permit Holder Candice Leesman	Risk Category Low Risk/ Class 3		
Street Address 100 SW First St		Purpose of Inspection Routine Inspection/30 Day inspection			
City/State Atlanta	ZIP Code 61723				

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	Person in charge present, demonstrates knowledge, and performs duties		15	N/A	Food separated and protected	
2	In	Certified Food Protection Manager (CFPM)		16	N/A	Food-contact surfaces; cleaned and sanitized	
Employee Health				Time/Temperature Control for Safety			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
4	In	Proper use of restriction and exclusion		18	N/A	Proper cooking time and temperatures	
5	In	Procedures for responding to vomiting and diarrheal events		19	N/A	Proper reheating procedures for hot holding	
Good Hygienic Practices				20	N/A	Proper cooling time and temperature	
6	In	Proper eating, tasting, drinking, or tobacco use		21	N/A	Proper hot holding temperatures	
7	In	No discharge from eyes, nose, and mouth		22	In	Proper cold holding temperatures	
Preventing Contamination by Hands				23	N/A	Proper date marking and disposition	
8	In	Hands clean and properly washed		24	N/A	Time as a Public Health Control; procedures & records	
9	N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory			
10	In	Adequate handwashing sinks properly supplied and accessible		25	In	Consumer advisory provided for raw/undercooked food	
Approved Source				Highly Susceptible Populations			
11	In	Food obtained from approved source		26	N/A	Pasteurized foods used; prohibited foods not offered	
12	N/O	Food received at proper temperature		Food/Color Additives and Toxic Substances			
13	In	Food in good condition, safe, and unadulterated		27	N/A	Food additives: approved and properly used	
14	N/A	Required records available: shellstock tags, parasite destruction		28	In	Toxic substances properly identified, stored, and used	
GOOD RETAIL PRACTICES				Conformance with Approved Procedures			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				29	N/A	Compliance with variance/specialized process/HACCP	
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				Proper Use of Utensils			
Safe Food and Water				Utensils, Equipment and Vending			
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				46		Gloves used properly	
33		Proper cooling methods used; adequate equipment for temperature control		Physical Facilities			
34		Plant food properly cooked for hot holding		50		Hot and cold water available; adequate pressure	
35		Approved thawing methods used		51		Plumbing installed; proper backflow devices	
36		Thermometers provided & accurate		52		Sewage and waste water properly disposed	
Food Identification				53		Toilet facilities: properly constructed, supplied, & cleaned	
37		Food properly labeled; original container		54		Garbage & refuse properly disposed; facilities maintained	
Prevention of Food Contamination				55		Physical facilities installed, maintained, and clean	
38		Insects, rodents, and animals not present		56		Adequate ventilation and lighting; designated areas used	
39		Contamination prevented during food preparation, storage and display		Employee Training			
40		Personal cleanliness		57		All food employees have food handler training	
41		Wiping cloths: properly used and stored		58		Allergen training as required	
42		Washing fruits and vegetables					

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Establishment: The Korner Establishment #: 261

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							
Freezer >0 F							

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#):

Candice - on File			
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HACCP Topic: Discussed cleaning schedule and chemical storage.

 Oct 6, 2021
 Person in Charge (Signature) Date

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