		Food	Establish	m	er	nt	In	spo	ection	Report				Paş	ge 1 (of 2
Loc	al Health Departme	nt Name and Address			1	N.o.	of Di-	k East	or/Intoniontic	. Violations		Date	9	12/15		
1 -	an County Departm		L	NO.	OI KIS	sk Fact	or/Interventio	violations	0	Time	- In		9:15 AM			
_	<u> </u>	8, Lincoln, IL 62656 Phone: (2	217) 735-2317		_	No.	of Re	peat R	lisk Factor/Inte	rvention Violatio	ons O	_	e Out		5 AM	_
	ablishment		License/Permit #		ŀ	Per	mit Ho	older			Risk Cate		Out		AIVI	_
_	et Address		5		- 1		Poler				Medium/					
	NE Sixth St				-				ection		,					_
_	/State		ZIP Code		-	_										
l '	inta IL		61723			KOU	itine Ir	nspect	ion							
		FOODBORNE II	LNESS RISK FA	СТС	RS	A	ND P	PUBL	IC HEALTH	INTERVENT	TIONS					
	IN=in compliance	ted compliance status (IN, OUT, N, OUT=not in compliance N/O Mark "X" in appropriate box for corrected on-site during inspection	=not observed N, or COS and/or R	/A=n			cable		prevalent conti	e important prac ibuting factors of re control measo	of foodbor	ne illness	or inju	ry. Public	c heal	th
Cor	npliance Status			cc	os	R	Co	mplian	ce Status						cos	R
/4		Supervision						- 1		Protection fro	m Contan	nination				
1	In	Person in charge present, demonstra	tes knowledge, and				15		N/A	Food separated a	nd protecte	ed				
Ш		performs duties	CCD8.4)	+	-		16		In	Food-contact sur	faces; clean	ed and sar	nitized			
2	In	Certified Food Protection Manager (Employee Health	.FPM)				17		In	Proper dispositio reconditioned an			ısly serve	d,		
		Management, food employee and co	nditional employee:	Ť	Т			-	T	ime/Temperatu			tv		انسيا	
3	In	knowledge, responsibilities and repo					18	Î	N/O	Proper cooking ti			-			
4	In	Proper use of restriction and exclusion	n				19		N/O	Proper reheating						
5	In	Procedures for responding to vomiting	ng and diarrheal events				20		N/O	Proper cooling ti						
_,		Good Hygienic Practices					21		N/O	Proper hot holdir	ng temperat	ures				
6	In	Proper eating, tasting, drinking, or to	bacco use		4	_	22		In	Proper cold holdi	ng tempera	tures				
7	In	No discharge from eyes, nose, and m	outh			_	23		In	Proper date mark	king and dis	position				
		Preventing Contamination by	Hands		-1		24		N/A	Time as a Public I	Health Cont	rol; proced	dures & r	ecords		
8	In	Hands clean and properly washed			4	_				Consum	er Adviso	ry				
9	In	No bare hand contact with RTE food alternative procedure properly allow					25	ţ	N/A	Consumer adviso	ry provided	for raw/u	ndercool	ced food		
10	In	Adequate handwashing sinks proper		le	1	=				Highly Suscep	tible Pop	ulations				
		Approved Source			_	-	26		N/A	Pasteurized food	s used; proh	nibited foo	ds not of	fered		
11	In	Food obtained from approved source	<u> </u>	1	Т	_			Foo	d/Color Additive	es and Tox	cic Substa	ances			
12	N/O	Food received at proper temperature	2		1	7	27		In	Food additives: a	pproved an	d properly	used			
13	In	Food in good condition, safe, and un	adulterated		1	=	28		In	Toxic substances	properly id	entified, st	ored, an	d used		
14	N/A	Required records available: shellstoc	k tags, parasite			-				nformance with						
	1471	destruction				_	29	_	N/A	Compliance with	variance/sp	ecialized p	orocess/l	IACCP	Ш	_
		G 18 118 11	G00													
N		Good Retail Practices are prevent mbered item is not in compliance	Mark "X" in appr	opria	te b					cais, and physica corrected on-site	-			epeat vi		
		C-6- F- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		cos	R	-				Du 21	611	11-			cos	R
00	la	Safe Food and Water			r'		40	ř.		Proper Use	e of Utens	IIS				
30	_	used where required				-	43	-	se utensils: prope							
31	_	m approved source	,		-	-	44	_		& linens: properly s			ed		-	_
32								-								
<u> </u>		Food Temperature Control					46	Glov	es used properly							

		cos	R
	Safe Food and Water		3/
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		Ľ-
34	Plant food properly cooked for hot holding		į.
35	Approved thawing methods used		
36	Thermometers provided & accurate	10	7:-
	Food Identification		
37	Food properly labeled; original container		
- 111	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		

		CO3	n
	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

Page 2 of 2

Establishn	nent: Atlanta Meat Locke	r		Establishme	nt #:							
Water Sup	oply: 🛛 Public 🗌 Priv	rate Was	te Water System: 🔀 Pub	lic Private								
Sanitizer T	Type: Chlorine		PPM: 1	00	Heat:							
			TEMPERATURE OB	SERVATIONS								
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
	All Temps in ∘F											
	France	2										
	Freezer	-3										
			 DBSERVATIONS AND CO	RRECTIVE ACTION	<u> </u>							
Item			ns cited in this report must be									
Number			no orea in this report mast s	e corrected mann the	enne mannes belevi							
			No Violations no	ted during inspectio	n							
CFPM Vei	rification (name, expiration	on date, ID#):	:									
R	ob Polen- On file											
HACCP To	opic: Discussed proper ha	nd washing p	procedures in establishme	nt	1							
	O 0											
PUR-			Dec 15, 2022	Dec 15, 2022								
Person in Ch	arge (Signature)		Date									
	Obrban		Follow-up:] Yes ⊠ No (Check c	one) Follow-up Date: N/A							
nepoetor (Si												