Food Establishment Inspection Report

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Local Health Department Name and Address					No. of Risk Factor/Intervention Violations 0 Date 12/05						/2022	2		
Logan County Department of Public Health										2:20	0 PM			
Establishment License/Permit #				No	No. of Repeat Risk Factor/Intervention Violations 0 Time Out 2:5						2:50	PM		
ALDI #24 354 F					Permit Holder Risk Category								-1	
	et Address				AL	DII	nc		Low/0	Class III				
					Purpose of Inspection									
City/State ZIP Code					- Routine Inspection									
Linc	oln, IL		62656					·						_
		FOODBORNE II	LNESS RISK FA	CTOR	rs a	١N	DP	UBLIC HEALTH	INTERVENTION	S				
	Circle designate	ed compliance status (IN, OUT, N,						Pick factors are	e important practices o	r proce	dures identif	iod as th	0 m 0	
	N=in compliance		-	A=not	appl	lical	ble		ibuting factors of food	•				
	COS=	Mark "X" in appropriate box fo corrected on-site during inspectio	•	ion					re control measures to		•			
Con	pliance Status			cos	R	Π	Con	npliance Status				1	cos	R
con		Supervision				1			Protection from Con	tamina	ition		000	-
	1-	Person in charge present, demonstra	tes knowledge, and	1	<u> </u>		15	N/O	Food separated and prot			1		
1	In	performs duties					16	In	Food-contact surfaces; c	leaned a	ind sanitized			
2	N/A	Certified Food Protection Manager (C	CFPM)	_			17	In	Proper disposition of ret		reviously serve	d,		
-1		Employee Health		- <u>1</u>	_				reconditioned and unsaf					_
3	In	Management, food employee and co knowledge, responsibilities and repo	• • •				18	N/A	ime/Temperature Cor			Ĩ	-1	-
4	In	Proper use of restriction and exclusion					19	N/A N/A	Proper cooking time and Proper reheating proced					-
5	In	Procedures for responding to vomitin	ng and diarrheal events				20	N/A	Proper cooling time and				-	-
		Good Hygienic Practices					21	N/A	Proper hot holding temp				-	
6	N/O	Proper eating, tasting, drinking, or to	bacco use				22	In	Proper cold holding tem					
7	In	No discharge from eyes, nose, and m	outh				23	In	Proper date marking and	l disposi	tion			
		Preventing Contamination by	Hands				24	N/A	Time as a Public Health C	Control;	procedures & r	ecords		
8	In	Hands clean and properly washed							Consumer Adv	visory				
9	N/O	No bare hand contact with RTE food alternative procedure properly allow					25	N/A	Consumer advisory prov	ided for	raw/undercool	ked food		
10	In	Adequate handwashing sinks proper		le					Highly Susceptible P	•				
		Approved Source					26	N/A	Pasteurized foods used;			fered		-
11	In	Food obtained from approved source	2				27		d/Color Additives and			- 1		_
12	N/O	Food received at proper temperature	2				27 28	N/A In	Food additives: approved Toxic substances proper			ducod	_	_
13	In	Food in good condition, safe, and una					20		nformance with Appro	<u>,</u>				
14	N/A	Required records available: shellstock destruction	k tags, parasite				29	N/A	Compliance with variance			IACCP	1	
			GOO	D RE	ΓΑΙΙ	L P	RA	CTICES	•					_
		Good Retail Practices are prevent				_			cals, and physical obje	cts into	foods.			
м		nbered item is not in compliance	Mark "X" in appr						corrected on-site durin			epeat vie	olatio	n
				COS	R	Į.							cos	R
		Safe Food and Water			-			P	Proper Use of Ut	ensils				
30	-	sed where required			_	43	-	In-use utensils: prope						
31	Water and ice from			<u> </u>	_	44	-		k linens: properly stored,					_
32	Variance obtained	for specialized processing methods		e sie	-	45	_	Gloves used properly	ice articles: properly store	ed and u	sed			-
33	Proper cooling met	Food Temperature Control thods used; adequate equipment for t			-	40	<u></u>		Utensils, Equipment a	nd Ven	ding			
34		y cooked for hot holding			-				ontact surfaces cleanable,		-	structed	1	-
35	Approved thawing	·				47	-	and used						
36	Thermometers pro			- 307		48	-	-	s: installed, maintained, 8	a used; to	est strips		_	_
	•	Food Identification				49	<u>ال</u>	Non-food contact sur		las				
37	Food properly labe	led; original container		c bright		50	n l	Hot and cold water av	Physical Facilit railable; adequate pressur			Ĩ	-1	-
		Prevention of Food Contamina	tion			51	-	-	oper backflow devices	-				\neg
38	Insects, rodents, a	nd animals not present				52	-		iter properly disposed					
39		vented during food preparation, stora	ge and display			53			rly constructed, supplied,	& clean	ed			
40				_	54 Garbage & refuse properly disposed; facilities maintained									
41 42	Wiping cloths: pro Washing fruits and	•			_	55	5	Physical facilities insta	alled, maintained, and clea	an				
74		*CBCIGNICS				56	5	Adequate ventilation	and lighting; designated a	ireas use	ed			
									Employee Train	ning				
						57	-		eve food handler training					
						58	8	Allergen training as re	quired					

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						1 460 2 01					
Establishn	nent: ALDI #24		Establishment	#: 354							
Water Sup	oply: 🛛 Public 🗌 P	rivate Waste	e Water System: 🔀 Public 🗌	Private							
Sanitizer T	ype: Chlorine		PPM: 100		Heat:						
			TEMPERATURE OBSERV	ATIONS							
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
All Temps in oF											
All C	old Holding Units ≤	41									
	Freezers	0									
milk in walk in cooler		35									
		OB	SERVATIONS AND CORRECT	IVE ACTIONS							
ltem Number	er Violations cited in this report must be corrected within the time frames below.										
			No Violations noted du	ring inspection							
CFPM Ve	rification (name, expira	ation date, ID#):	<u> </u>								
	N/A										
НАССР То	opic: discussed storage	and labeling of t	oxic materials in food establish	ment							
P	ryphe Parend	· ~									
ン Person in Ch	arge (Signature)	`	Dec 5, 2022 Date								
			Dute								
Ì	Jaka		Follow-up: 🗌 Yes	🗙 No (Check one)	Follow-up Date: N/A						
	- 1		ronow-up:		ronow-up bate: N/A						

Inspector (Signature)

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