## Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 09/07,							/2022	2
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317												8:45	AM	
Establishment License/Permit #						No. of Repeat Risk Factor/Intervention Violations 0 Time Out 9:30						9:30	AM	
Alley-Bi Saloon 300						Permit Holder Risk Category								-1
Street Address						Alley-Bi Saloon, Inc. High/Class I								
415 Pulaski St.						Purpose of Inspection								
City/State ZIP Code Lincoln, IL 62656						Routine Inspection								
Linc	oln, IL								_					
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
	Ų	ed compliance status (IN, OUT, N/		<b>Bick factors</b> are important practices or precedures identified as the							e mo	st		
IN=in compliance OUT=not in compliance N/O=not observed N/A=not Mark "X" in appropriate box for COS and/or R									ibuting factors of fo	•				
COS=corrected on-site during inspection <b>R</b> =repeat violation							interventions are control measures to prevent foodborne illness or inju							γ.
Compliance Status COS							Con	npliance Status					cos	R
1.0		Supervision				Protection from Contamination								
1	In	Person in charge present, demonstra	tes knowledge, and			1	15	In	Food separated and p	rotected				
2	In	performs duties Certified Food Protection Manager (C			_		16	In	Food-contact surfaces					
2		Employee Health				1	17	In	Proper disposition of reconditioned and un		reviously serve	d,		
	12	Management, food employee and co	nditional employee;	1		Time/Temperature Control for Safety								
3	In	knowledge, responsibilities and report					18	N/O	Proper cooking time a	nd temper	atures			
4	In	Proper use of restriction and exclusio		-			19	N/O	Proper reheating proc	edures for	hot holding			
5	In	Procedures for responding to vomitin	g and diarrheal events	1			20	N/O	Proper cooling time a	nd tempera	ature			
6	In	Good Hygienic Practices Proper eating, tasting, drinking, or to		1	i i	H	21	In	Proper hot holding ter	•				
7	In	No discharge from eyes, nose, and m		-	-		22	In	Proper cold holding te				_	_
- 1		Preventing Contamination by I				1	23 24	In	Proper date marking a				_	_
8	In	Hands clean and properly washed		1			24	N/A	Time as a Public Healt Consumer A		procedures & re	ecoras		-
9	In	No bare hand contact with RTE food				1	25	N/A	Consumer advisory pr		raw/undercook	ed food	1	
10	In	alternative procedure properly allow Adequate handwashing sinks properly		-	_				Highly Susceptible					-
10		Approved Source	y supplied and accession	<u>د</u>	L		26	N/A	Pasteurized foods use	d; prohibit	ed foods not of	fered		
11	In	Food obtained from approved source		1		11		Foo	d/Color Additives ar	nd Toxic S	ubstances			
12	N/O	Food received at proper temperature					27	N/A	Food additives: appro					
13	In	Food in good condition, safe, and una	dulterated				28	In	Toxic substances prop			dused		_
14	N/A	Required records available: shellstock	tags, parasite			]	29	Co N/A	nformance with App Compliance with varia					_
		destruction	600					CTICES	Compliance with varia	ince/specia	inzeu process/r			_
		Good Retail Practices are prevent	-			_			cals and physical ob	iects into	foods			-
м		bered item is not in compliance	Mark "X" in appr						corrected on-site du	•		epeat vio	olatio	n
		· · ·		cos	_	T		· ·					cos	_
	57	Safe Food and Water		101		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						45 Single-use/single-service articles: properly stored and used							_	
Food Temperature Control						46	<u></u>	Gloves used properly	Itensils Equipment	and Ven	dina			_
33 34	Proper cooling methods used; adequate equipment for temperature control				-	Utensils, Equipment and Vending					structed	1	-	
35		Approved thawing methods used				47	-	and used						_
36	36 Thermometers provided & accurate					48	+	Warewashing facilitie Non-food contact sur	s: installed, maintained	, & used; t	est strips			_
Food Identification						49	1	Non-tood contact sur	Physical Fac	ilition				_
37 Food properly labeled; original container						50		Hot and cold water av	vailable; adequate pres			Î	-1	-
Prevention of Food Contamination						51	-		roper backflow devices				-	-
38	Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display				_	52	2	Sewage and waste wa	ater properly disposed					
39 40	Contamination prevented during food preparation, storage and display Personal cleanliness				_	53 Toilet facilities: properly constructed, supplied, & cleaned								
40					-	54 Garbage & refuse properly disposed; facilities maintained								
41 Wiphing cloths, property deed and stored 42 Washing fruits and vegetables					-	55	-		alled, maintained, and o					
							5	Adequate ventilation	and lighting; designate		ed			_
						57	7	All food employees by	Employee Tr ave food handler trainir	-		1	- 1	_
						58	-	Allergen training as re		ö			- 3	-
						100	2	Aneigen u anning as re	quileu					

## Food Establishment Inspection Report

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Establishm	nent: Alley-Bi Saloon		E	Establishment #: 300								
Water Sup	oply: 🛛 Public 🗌 Priv	ate Wa	aste Water System: 🔀 Public 🗌 Pri	ivate								
Sanitizer T	ype: Chlorine		PPM: 100		Heat:							
			TEMPERATURE OBSERVATI	ONS								
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
	All Temps in ∘F		Raw Hamburger patties on botto									
All C	old Holding Units ≤	41	shelf in single door fridge by grill	40								
			Chopped mushrooms on top she									
Chili in st	eam warmer in kitchen		in single door fridge by ice									
	right of grill	150	machine	38								
Onion be	ing prepped and cut for		Pickle juice on top shelf in walk									
	lunch service	40	in cooler	39								
Pickles on	n top shelf of single doo											
fr	idge next to grill	38										
			<b>OBSERVATIONS AND CORRECTIV</b>	E ACTION	S							
ltem Number	Violations cited in this report must be corrected within the time frames below.											
	No Violations noted during inspection											
CFPM Ver	rification (name, expiration	on date, ID‡	<b>;</b> ):									
(	Cindy Singleton											
	21251110 July 20, 2024											
НАССР То		me and ter	mperatures for TCS foods served at es	tablishmen	it							
	0 ^ ~											
andy	, sight \	\ \	Sep 7, 2022									
/	arge (Signature)	<b>\</b>	Date									
\ l	<b>1</b>											
R	an Den		Follow-up: 🗌 Yes 🔀	No (Check o	ne) Follow-up Date: N/A							

Inspector (Signature)

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