Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Bick Factor / Intervention Violations 1							3
Logan County Department of Public Health													30 AM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Popost Pick Eactor/Intervention Violations							_	
Establishment License/Permit #													5pm	
Alley-Bi Saloon 300						Permit Holder Risk Category Alley-Bi Saloon, Inc. High/Class I								
Street Address							Purpose of Inspection							
415 Pulaski St.														
City/State ZIP Code Lincoln, IL 62656						Routine Inspection								
LINC	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
			יייט		INTERVEN									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered								tem pplicable Risk factors are important practices or procedures identified as the						
	N=in compliance	OUT=not in compliance N/O Mark "X" in appropriate box for		аррі	licar	bie		ibuting factors of						
COS =corrected on-site during inspection R =repeat violation								interventions a	re control measu	ures to prever	nt foodborne il	iness or	injur	у.
Compliance Status COS								npliance Status					cos	R
Supervision							R Compliance Status COS R Protection from Contamination COS R							
		Person in charge present, demonstra	tes knowledge, and			11	15	In	Food separated a					
1	In	performs duties	3 ,				16	In	Food-contact sur		and sanitized			
2	In	Certified Food Protection Manager (C	FPM)						Proper dispositio	n of returned, p	reviously served	,		_
		Employee Health					17	In	reconditioned an					
3	In	In Management, food employee and conditional employee;				Time/Temperature Control for Safety								
4	In	knowledge, responsibilities and report Proper use of restriction and exclusion	0	+		+	18	N/O	Proper cooking ti			$ \longrightarrow $		
5	In	Procedures for responding to vomitir		+		+	19	N/O	Proper reheating		_			
5		Good Hygienic Practices			I	$\left \right $	20	In	Proper cooling ti			$ \longrightarrow $		\square
6	In	Proper eating, tasting, drinking, or to	haccoluse			1	21	In	Proper hot holdir					
7	In	No discharge from eyes, nose, and m				+	22	In	Proper cold holdi					
/		Preventing Contamination by I				┥╽	23	In	Proper date mark					
8	In	Hands clean and properly washed	lands	1		1	24	N/A	Time as a Public I		procedures & ree	cords		_
		No bare hand contact with RTE food	or a pre-approved			-				er Advisory				
9	N/O	alternative procedure properly allow					25	N/A	Consumer adviso			d food		
10	Out	Adequate handwashing sinks properl	y supplied and accessibl	e 🗙					Highly Suscep	•				
		Approved Source					26	N/A	Pasteurized food			ered		
11	In	Food obtained from approved source					27		d/Color Additiv					
12	N/O	Food received at proper temperature					27 28	N/A	Food additives: a			used		
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances			useu		_
14	N/A	Required records available: shellstocl destruction	tags, parasite				29	N/A	nformance with Compliance with					
		destruction	600	DE.	ΤΛΙΙ			CTICES	compliance with	variance/specie			I	
											feede			_
м		Good Retail Practices are prevent nbered item is not in compliance	ative measures to co Mark "X" in appro					1 0 /	cais, and physica corrected on-site	,		peat vio	olatio	n
IVI		insered item is not in compliance		cos	R		005		confected on-site	e during inspe	iction n=re	·	1	R
	Safe Food and Water							Proper Use of Utensils					000	
30	Pasteurized eggs u					43	3	In-use utensils: prope	•					_
31	Pasteurized eggs used where required Water and ice from approved source					44								
32	Variance obtained for specialized processing methods			-+		45 Single-use/single-service articles: properly stored and used						-+		\neg
	Food Temperature Control					46		Gloves used properly		,				
33	Proper cooling met	thods used; adequate equipment for t	emperature control	Ī					Utensils, Equipr	nent and Ven	ding			
34	Plant food properly cooked for hot holding					47	7	Food and non-food co			•	tructed,		
35	Approved thawing methods used							and used				\longrightarrow		\square
36	Thermometers provided & accurate					48		Warewashing facilitie		ained, & used; t	est strips			
Food Identification						49	۶	Non-food contact sur		Feedler's				
37								Hot and coldter	-	Facilities			I	
	Prevention of Food Contamination					50		Hot and cold water av				+		\dashv
38	Insects, rodents, and animals not present					51		Plumbing installed; pr	-			-+		-
39	Contamination prevented during food preparation, storage and display					52 Sewage and waste water properly disposed 53 Tailet facilities properly constructed supplied & depend							-+	
40	Personal cleanliness					53 Toilet facilities: properly constructed, supplied, & cleaned 54 Garbage & refuse properly disposed; facilities maintained								
41	Wiping cloths: properly used and stored					54		Physical facilities insta			cu .	-+		-+
42 Washing fruits and vegetables						56		Adequate ventilation			۶d	-+		-
							-	·		e Training				
						57	7	All food employees ha		-			-	
							8	Allergen training as re		5				
						1.1			-			1		- 1

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Establishment: Alley-Bi Saloon Establishment #: 300										
Water Sup	ply: 🛛 Public 🗌 Pri	vate Wa	aste Water System: 🔀 P	ublic 🗌 Private						
Sanitizer T	ype: Chlorine		PPM	: 100	Heat:					
			TEMPERATURE	OBSERVATIONS						
	Item/Location	Temp	Item/Locatio		Item/Location	Temp				
All Temps in °F										
All C	old Holding Units ≤	41	Raw hamburger, in fri	idge next to 34	Cheese slices, next to grill	57				
			walk-in cool	_						
Chi	li, on steam table	171	Raw bacon, in fridg	e next to 30						
			walk-in cool							
Hot do	og, in fridge near grill	36								
Chicken breast, in fridge		41	Chilli, cooling in v	walk-in 80						
near grill			cooler							
			OBSERVATIONS AND (CORRECTIVE ACTION	IS					
ltem		Violat								
Number	ber									
10	10 A sign or poster that notifies food employees to wash their hands is not provided at all handwashing sinks used by food									
	employees. Provide a clearly visible handwashing sign at each hand sink. Reference section 6-301.14 in the Food Code.									
	COS, hand-washing sign posted									
CFPM Ver	ification (name, expirat	ion date, ID#	#):							
	Cindy Singleton									
	21251110									
	Exp: 07/20/2024 pic: Discussed proper s	upplies for h	nand-washing sink							
	O	/								
Cm	oy Sinfet	T	Oct 24, 2023							
Person in Cha	arge (Signature)		Date							
Mot	United	In	Follow-up:	🗌 Yes 🔀 No (Check	one) Follow-up Date: N/A					

Inspector (Signature)