

# Food Establishment Inspection Report

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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 04/26/2022
Establishment American Legion #447		No. of Repeat Risk Factor/Intervention Violations 0	Time In 11:35AM
License/Permit # 319		Permit Holder American Legion Post 447	Time Out 12:15PM
Street Address 100 E Scroggins		Risk Category High/Class I	
City/State Mt. Pulaski, IL		Purpose of Inspection Routine Inspection	
ZIP Code 62548			

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<p>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  <b>IN</b>=in compliance    <b>OUT</b>=not in compliance    <b>N/O</b>=not observed    <b>N/A</b>=not applicable          Mark "X" in appropriate box for COS and/or R  <b>COS</b>=corrected on-site during inspection    <b>R</b>=repeat violation</p>	<p><b>Risk factors</b> 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.</p>
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Compliance Status	COS	R
<b>Supervision</b>		
1 In		Person in charge present, demonstrates knowledge, and performs duties
2 In		Certified Food Protection Manager (CFPM)
<b>Employee Health</b>		
3 In		Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 In		Proper use of restriction and exclusion
5 In		Procedures for responding to vomiting and diarrheal events
<b>Good Hygienic Practices</b>		
6 N/O		Proper eating, tasting, drinking, or tobacco use
7 In		No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>		
8 N/O		Hands clean and properly washed
9 N/O		No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed
10 In		Adequate handwashing sinks properly supplied and accessible
<b>Approved Source</b>		
11 In		Food obtained from approved source
12 N/O		Food received at proper temperature
13 In		Food in good condition, safe, and unadulterated
14 N/A		Required records available: shellstock tags, parasite destruction

Compliance Status	COS	R
<b>Protection from Contamination</b>		
15 In		Food separated and protected
16 In		Food-contact surfaces; cleaned and sanitized
17 In		Proper disposition of returned, previously served, reconditioned and unsafe food
<b>Time/Temperature Control for Safety</b>		
18 N/O		Proper cooking time and temperatures
19 N/O		Proper reheating procedures for hot holding
20 N/O		Proper cooling time and temperature
21 N/O		Proper hot holding temperatures
22 In		Proper cold holding temperatures
23 In		Proper date marking and disposition
24 N/A		Time as a Public Health Control; procedures & records
<b>Consumer Advisory</b>		
25 N/A		Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>		
26 N/A		Pasteurized foods used; prohibited foods not offered
<b>Food/Color Additives and Toxic Substances</b>		
27 In		Food additives: approved and properly used
28 In		Toxic substances properly identified, stored, and used
<b>Conformance with Approved Procedures</b>		
29 N/A		Compliance with variance/specialized process/HACCP

## GOOD RETAIL PRACTICES

<p>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.          Mark "X" in box if numbered item is not in compliance    Mark "X" in appropriate box for COS and/or R    <b>COS</b>=corrected on-site during inspection    <b>R</b>=repeat violation</p>		
Compliance Status	COS	R
<b>Safe Food and Water</b>		
30		Pasteurized eggs used where required
31		Water and ice from approved source
32		Variance obtained for specialized processing methods
<b>Food Temperature Control</b>		
33		Proper cooling methods used; adequate equipment for temperature control
34		Plant food properly cooked for hot holding
35		Approved thawing methods used
36		Thermometers provided & accurate
<b>Food Identification</b>		
37		Food properly labeled; original container
<b>Prevention of Food Contamination</b>		
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

Compliance Status	COS	R
<b>Proper Use of Utensils</b>		
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
<b>Utensils, Equipment and Vending</b>		
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
<b>Physical Facilities</b>		
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
<b>Employee Training</b>		
57		All food employees have food handler training
58		Allergen training as required

# Food Establishment Inspection Report

Establishment: American Legion #447

Establishment #: 319

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							
All Cold Holding Units ≤	41						
Coleslaw in walk in fridge	38						
Ranch in left side of double door							
fridge	35						
Water in right side of double							
door fridge	32						

## OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#):

Mike, on file

HACCP Topic: Discussed cooking procedures used in establishment

Person in Charge (Signature)

Person in Charge (Signature)

Apr 26, 2022

Date \_\_\_\_\_

Inspector (Signature)

Inspector (Signature)

**Follow-up:** ☐ Yes ☒ No (Check one)

**Follow-up Date:** N/A