## Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Pick Easter (Intervention Violations 0 Date 05/3:							_
Logan County Department of Public Health														
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No. of Report Rick Faster/Intervention Violations							00 AM		
Establishment License/Permit #												12:00	) AM	_
Blue Dog Inn 239						Permit Holder Risk Category Blue Dog Inn, Inc. High/Class I								
Street Address						Blue Dog Inn, Inc. High/Class I Purpose of Inspection								-
111 S Sangamon St														
City/State ZIP Code Lincoln, IL 62656						Routine Inspection								
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS												_		
		FOODBORNEIL	(5 A		יץ ט	UBLIC HEALTH	INTERVENT					_		
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i								Risk factors are	e important prac	tices or proce	dures identifi	ed as th	e mo	st
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Mark "X" in appropriate box for COS and/or R							ble		ibuting factors o	-				
COS=corrected on-site during inspection R=repeat violation							interventions are control measures to prevent foodborne illness or injury.							
Compliance Status COS							Con	npliance Status					cos	R
		Supervision		1000		R         Compliance Status         COS         R           Protection from Contamination								
		Person in charge present, demonstra	tes knowledge, and	1	<u> </u>		15	In	Food separated a			1	1	
1	In	performs duties					16	In	Food-contact surf		ind sanitized			
2	In	Certified Food Protection Manager (C	FPM)				17		Proper disposition	n of returned, p	reviously served	i,		
_		Employee Health			_		1/	In	reconditioned an	d unsafe food				_
3	In	Management, food employee and co knowledge, responsibilities and report				Time/Temperature Control for Safety								_
4	In	Proper use of restriction and exclusio	-	+		1	18	N/O	Proper cooking ti	-				_
5	In	Procedures for responding to vomitir		+		1	19	N/O	Proper reheating				_	
-		Good Hygienic Practices	0	1		1	20	N/O	Proper cooling tir					
6	In	Proper eating, tasting, drinking, or to	bacco use			1	21 22	In	Proper hot holdin				_	_
7	In	No discharge from eyes, nose, and m				1	22	In	Proper cold holdi				-	-
		Preventing Contamination by I	lands	<u> </u>		1	23	N/A	Proper date mark Time as a Public H			cords	-	-
8	In	Hands clean and properly washed		1			24	IV/A		er Advisory	procedures & re			-
9	In	No bare hand contact with RTE food	or a pre-approved				25	In	Consumer adviso		raw/undercook	ed food	- 1	-
_		alternative procedure properly allow		+					Highly Suscep				1	
10	In	Adequate handwashing sinks proper	y supplied and accessible	2			26	N/A	Pasteurized foods	•		ered		
		Approved Source		1 3	-		-		d/Color Additive			1		
11	In	Food obtained from approved source		-			27	In	Food additives: a			2		
12	In In	Food received at proper temperature		-			28	In	Toxic substances	properly identi	fied, stored, and	used		
13		Food in good condition, safe, and una		+				Coi	nformance with	Approved Pr	ocedures			
14	N/A Required records available: shellstock tags, parasite destruction						29	N/A	Compliance with	variance/specia	lized process/H	ACCP		
, in the second s			GOOI	D RE	ΓΑΙΙ	LP	RA	CTICES						
		Good Retail Practices are prevent	ative measures to co	ntrol tl	ne ad	ddit	ion c	of pathogens, chemic	cals, and physica	l objects into	foods.			
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for						for	r COS	and/or R COS=0	corrected on-site	e during inspe	ction R=re	peat vio	olatio	n
COS R						COS								R
	-	Safe Food and Water					-	ř.	Proper Use	e of Utensils				
30	-	sed where required			_	43	-	In-use utensils: prope	•					
31	Water and ice from approved source				_	44	-	Utensils, equipment 8					_	
32						45 Single-use/single-service articles: properly stored and used								_
22		Food Temperature Control			_	46	<u> </u>	Gloves used properly						_
33	Proper cooling methods used; adequate equipment for temperature control						1	Food and non-food co	Utensils, Equipn			tructed	- 1	_
34	Plant food properly cooked for hot holding				-	47	7	and used		anable, property	y designed, cons	tructed,		
35	Approved thawing methods used Thermometers provided & accurate				-	48	3	Warewashing facilities	s: installed, mainta	ined, & used; t	est strips			
36 Thermometers provided & accurate						49	9	Non-food contact sur	faces clean					
Food Identification 37 Food properly labeled; original container									Physical	Facilities				
5,1	Food properly labeled; original container  Prevention of Food Contamination					50	-	Hot and cold water av	· ·					
38	1 T T					51	-	Plumbing installed; pr	•					
39	Contamination prevented during food preparation, storage and display					52	-	Sewage and waste wa					_	
40	Personal cleanliness					53         Toilet facilities: properly constructed, supplied, & cleaned						_		
41						54 Garbage & refuse properly disposed; facilities maintained					-			
42 Washing fruits and vegetables						55 56	-	Physical facilities insta			.d		_	
							<u>'</u>	Adequate ventilation			eu			
						57	7	All food employees ha		e Training		1		-
							3	Allergen training as re		B				$\neg$
						1.00	1					-	-	

## Food Establishment Inspection Report

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Establishm	nent: Blue Dog Inn			Establishme	Establishment #: 239								
Water Sup	pply: 🛛 Public 🗌 Priv	ate Wa	aste Water System: 🔀 Pu	blic 🗌 Private									
Sanitizer T	ype: Chlorine		PPM:	100	Heat:								
			TEMPERATURE O	BSERVATIONS									
	Item/Location	Temp	Item/Location	n Temp	Item/Location	Temp							
	All Temps in ∘F												
All C	old Holding Units ≤	41	Soup in hot holding on	right side									
			of double door fr	idge 160									
Diced To	matoes in top of make		Pickles on the left sid	e middle									
table	in far left of kitchen	40	shelf in double door	r fridge 38									
Cooked	ckn in double of make		oranges in beverage o	container									
tabl	e in left of kitchen	39	in beer cooler in f	front 38									
Cheese sli	ices on right side middl												
shelf c	of double door fridge	38											
			OBSERVATIONS AND CO	ORRECTIVE ACTION	S								
Item		Violat	ions cited in this report must	be corrected within the t	time frames below.								
Number	Violations cited in this report must be corrected within the time frames below.												
	No violations were noted during inspection												
CFPM Ver	ification (name, expiration	on date, ID#	<i>t</i> ):										
	imothy Thomas		, Jeremy Knapp										
	21800435		21800434										
	Exp 2/7/2022		Exp 2/7/2022	- 11 - 14 - 14 - 14 - 14 - 14 - 14 - 14									
HACCP TO	ppic: Discussed storage a	nd labeling	for Toxic materials in estab	blishment									
	J.												
	VY		May 31, 2022										
Person in Cha	arge (Signature)		Date										
	-l. l												

OGN From

Follow-up: 🗌 Yes 🔀 No (Check one)

Follow-up Date: N/A

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