Food Establishment Inspection Report

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							0
Local Health Department Name and Address			No. of Risk Factor/Intervention Violations		0	Date	03/21/2023
Logan County Department of Public Health			,		- 1	Time In	8:45 AM
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (2	!17) 735-2	2317	No. of Repeat Risk Factor/Intervention Violations		_ · ·	Time in	0.43 /101
Establishment	License/I	Permit #				Time Out	9:30 AM
Chester-East Lincoln 247			Permit Holder Ris		ategory	1	
Street Address		Chester-East Lincoln CCSD 61		High/Class I			
1300 1500th St.			Purpose of Inspection				
City/State		ZIP Code	Routine Inspection				
Lincoln, IL	_	62656	Troutine inspection				
FOODBORNE IL	LNESS	RISK FACTOR	S AND PUBLIC HEALTH INTERVENT	TION:	S		

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

Mark "X" in appropriate box for COS and/or R

Risk factors 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.

		oorrected on site during inspection	••				
Со	mpliance Status		cos	R			
Supervision							
1	In	Person in charge present, demonstrates knowledge, and performs duties					
2	2 In Certified Food Protection Manager (CFPM)						
	v	Employee Health					
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					
		Good Hygienic Practices					
6	In	Proper eating, tasting, drinking, or tobacco use					
7	In	No discharge from eyes, nose, and mouth					
		Preventing Contamination by Hands					
8	In	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					
		Approved Source					
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					
		GOOD	RFT	ΊΔ			

Со	mpliance Status		cos	R				
Protection from Contamination								
15	ln .	Food separated and protected						
16	In	Food-contact surfaces; cleaned and sanitized						
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food						
	Ţ	ime/Temperature Control for Safety						
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						
		Consumer Advisory						
25	N/A	Consumer advisory provided for raw/undercooked food						
		Highly Susceptible Populations						
26	N/A	Pasteurized foods used; prohibited foods not offered						
	Foo	d/Color Additives and Toxic Substances						
27	N/A	Food additives: approved and properly used						
28	In	Toxic substances properly identified, stored, and used						
Conformance with Approved Procedures								
29	N/A	Compliance with variance/specialized process/HACCP						

GOOD RETAIL PRACTICES

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 COS=corrected on-site during inspection R=repeat violation

		cos	R	
	Safe Food and Water			
30	Pasteurized eggs used where required			4
31	Water and ice from approved source			4
32	Variance obtained for specialized processing methods		,	4
	Food Temperature Control			4
33	Proper cooling methods used; adequate equipment for temperature control		r-3	200
34	Plant food properly cooked for hot holding			4
35	Approved thawing methods used			4
36	Thermometers provided & accurate	1	7:	4
	Food Identification			4
37	Food properly labeled; original container			5
	Prevention of Food Contamination			5
38	Insects, rodents, and animals not present			5
39	Contamination prevented during food preparation, storage and display			5
40	Personal cleanliness			5
41	Wiping cloths: properly used and stored			_
42	Washing fruits and vegetables			5

		cos	R
	Proper Use of Utensils		
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		
	Utensils, Equipment and Vending		
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		
	Physical Facilities		
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		
	Employee Training		
57	All food employees have food handler training		
58	Allergen training as required		

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Establishment:	Chester-East Lincol	n		Est	ablishment	#: 247	
Water Supply:	Nublic Priv	ate Wast	e Water System: 🔀	Public Priv	ate		
Sanitizer Type:	Chlorine		PPN	И: <u>100</u>		Heat:	
			TEMPERATURE	OBSERVATIO	NS .		
ltem,	'Location	Temp	Item/Locat	ion	Temp	Item/Location	Temp
All Te	mps in ∘F						
All Cold H	olding Units ≤	41					
Ranch on rig	nt side of double						
doo	r fridge	38					
Ravioli on le	ft side in double						
door frid	ge in kitchen	39					
BBQ sauce in	condiment fridge						
in ser	ving area	37					
		0	BSERVATIONS AND	CORRECTIVE	ACTIONS		
Item Number		Violation	ns cited in this report mu	st be corrected v	vithin the tim	ne frames below.	
							-
			No Violations	noted during	nspection		
CFPM Verificat	ion (name, expiration	on date, ID#):		T			
Mary and Just	in Present- On File						
HACCP Topic: I	Discussed storage a	l nd labeling of	toxic materials in esta	l ablishment			
~ n D/							
Parson in Ch. (2	Person in Charge (Signature) Mar 21, Date						
rerson in Charge (S	ignature)		Date				
OEN	Bar		Follow-up:	: ☐ Yes ⊠ No	o (Check one)	Follow-up Date: N/A	
Increase (Signature	<u>, 1</u>				,		