Food Establishment Inspection Report

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Local Health Department Name and Address			No. of Risk Factor/Intervention Violations		0	Date	09/28/2022
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			·			Time In	8:30 AM
· · · · · · · · · · · · · · · · · · ·	License/P		No. of Repeat Risk Factor/Intervention Violation	ons	0	Time Out	9: 15 AM
Chester-East Lincoln 247			Permit Holder Risk Categ		٠,	7	
Street Address			Chester-East Lincoln CCSD 61 High				
1300 1500th St.	Purpose of Inspection						
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656							

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

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

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

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 - it repeat violatio					
Co	mpliance Status		cos	R			
Supervision							
1	In	Person in charge present, demonstrates knowledge, and performs duties					
2	In	Certified Food Protection Manager (CFPM)					
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			

Compliance Status COS								
Protection from Contamination								
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						
Time/Temperature Control for Safety								
18	ln .	Proper cooking time and temperatures						
19	N/O	Proper reheating procedures for hot holding						
20	In	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						
Food/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		v-5	
34	Plant food properly cooked for hot holding			4
35	Approved thawing methods used			4
36	Thermometers provided & accurate	10	7:	4
	Food Identification			4
37	Food properly labeled; original container			-
- 157	Prevention of Food Contamination			5 5
38	Insects, rodents, and animals not present			5
39	Contamination prevented during food preparation, storage and display			_
40	Personal cleanliness			5
41	Wiping cloths: properly used and stored			5
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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Establishn	nent: Chester-East Lincol	n	E	Establishmer	nt #: 247	Page 2 of 4
Water Sur	 oply: ⊠ Public □ Priv	rate Was	ste Water System: 🔀 Public 🗌 P	rivate		
	Type: Quat		PPM: <u>200</u>		Heat:	
			TEMPERATURE OBSERVAT	IONS		
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	All Temps in ∘F		Ranch in cooler in top portion			
All C	Cold Holding Units ≤	41	of cooler in serving line	39		
Syrup in i	right side of double doo		Milk in Cooler in cafeteria area	39		
	fridge in kitchen	36				
	n double door fridge on					
	on left side	38				
			OBSERVATIONS AND CORRECTIN	/E ACTIONS		
Item Number		Violati	ons cited in this report must be correcte	d within the t	ime frames below.	
			No Violations noted durin	ng inspection		
CFPM Ve	 rification (name, expiration	on date, ID#):			
Maryan	d Justin Present- On File					
Ivial y all	d Justini Present- On The					
HACCP To	opic: Discussed hand was	hing proced	ures in establishment			
Sh	wellen		Sep 28, 2022			
Person in Charge (Signature)		Date				
A.	in Brown					
Inspector (Si	gnature)		Follow-up: Yes 🔀	No (Check or	re) Follow-up Date: N/A	