

Food Establishment Inspection Report

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	02/09/2023
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	9:30 AM
Establishment Carroll Catholic School	License/Permit # 245	Permit Holder Holy Family Church	Risk Category High/Class I		
Street Address 111 Fourth St.		Purpose of Inspection Routine Inspection			
City/State Lincoln, IL	ZIP Code 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.

Compliance Status			COS	R	Compliance Status			COS	R
Supervision					Protection from Contamination				
1	In	Person in charge present, demonstrates knowledge, and performs duties			15	In	Food separated and protected		
2	In	Certified Food Protection Manager (CFPM)			16	In	Food-contact surfaces; cleaned and sanitized		
Employee Health					Time/Temperature Control for Safety				
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	In	Proper disposition of returned, previously served, reconditioned and unsafe food		
4	In	Proper use of restriction and exclusion			18	N/O	Proper cooking time and temperatures		
5	In	Procedures for responding to vomiting and diarrheal events			19	N/O	Proper reheating procedures for hot holding		
Good Hygienic Practices					20	N/O	Proper cooling time and temperature		
6	In	Proper eating, tasting, drinking, or tobacco use			21	N/O	Proper hot holding temperatures		
7	In	No discharge from eyes, nose, and mouth			22	In	Proper cold holding temperatures		
Preventing Contamination by Hands					23	In	Proper date marking and disposition		
8	In	Hands clean and properly washed			24	N/A	Time as a Public Health Control; procedures & records		
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Consumer Advisory				
10	In	Adequate handwashing sinks properly supplied and accessible			25	N/A	Consumer advisory provided for raw/undercooked food		
Approved Source					Highly Susceptible Populations				
11	In	Food obtained from approved source			26	N/A	Pasteurized foods used; prohibited foods not offered		
12	N/O	Food received at proper temperature			Food/Color Additives and Toxic Substances				
13	In	Food in good condition, safe, and unadulterated			27	In	Food additives: approved and properly used		
14	N/A	Required records available: shellstock tags, parasite destruction			28	In	Toxic substances properly identified, stored, and used		
GOOD RETAIL PRACTICES					Conformance with Approved Procedures				
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									
Safe Food and Water					Proper Use of Utensils				
30		Pasteurized eggs used where required			43		In-use utensils: properly stored		
31		Water and ice from approved source			44		Utensils, equipment & linens: properly stored, dried, & handled		
32		Variance obtained for specialized processing methods			45		Single-use/single-service articles: properly stored and used		
Food Temperature Control					46		Gloves used properly		
33		Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending				
34		Plant food properly cooked for hot holding			47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35		Approved thawing methods used			48		Warewashing facilities: installed, maintained, & used; test strips		
36		Thermometers provided & accurate			49		Non-food contact surfaces clean		
Food Identification					Physical Facilities				
37		Food properly labeled; original container			50		Hot and cold water available; adequate pressure		
Prevention of Food Contamination					51		Plumbing installed; proper backflow devices		
38		Insects, rodents, and animals not present			52		Sewage and waste water properly disposed		
39		Contamination prevented during food preparation, storage and display			53		Toilet facilities: properly constructed, supplied, & cleaned		
40		Personal cleanliness			54		Garbage & refuse properly disposed; facilities maintained		
41		Wiping cloths: properly used and stored			55		Physical facilities installed, maintained, and clean		
42		Washing fruits and vegetables			56		Adequate ventilation and lighting; designated areas used		
Employee Training					Employee Training				
					57		All food employees have food handler training		
					58		Allergen training as required		

Food Establishment Inspection Report

Establishment: Carroll Catholic School

Establishment #: 245

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Quat

PPM: 200

Heat: _____

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in °F					
All Cold Holding Units ≤	41				
Juice in single door fridge	39				
ketchup on top shelf in walk in cooler	38				
Shredded cheese on middle shelf in walk in cooler	39				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	No Violations noted during inspection

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

Kathy Buse present			
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HACCP Topic: Discussed labeling and storage of toxic materials

Kathy Buse _____ Feb 9, 2023 _____
 Person in Charge (Signature) Date

[Signature] _____ Follow-up: Yes No (Check one) Follow-up Date: N/A
 Inspector (Signature)