		Food	Esta	blishr	ne	nt	Ins	spect	tion	Report					
								•		•			Pag	e 1 o	of 2
Local Health Department Name and Address					TNA	af Dial.	Footon/Ind		- Mieletiens		Date	09/29/2022		 2	
Logan County Department of Public Health					No. of Risk Factor/Intervention Violations				0	Time In		DAM	_		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No	No. of Donost Diely Foston/Intervention Violetiens									
Establishment License/Permit #												Time Out 10:00AM			
_	estnut Family Restau	ırant	384							Risk Category					
1	reet Address						r Andr				High/Class	l			
_	2 W Olive St					Purp	ose of	Inspectio	n						
1	ty/State			ZIP Code		Rou	tine Ins	spection							
Ch	estnut, IL		5	62518											
		FOODBORNE II	LLNESS	RISK FAC	TOR	RS AI	ND PL	UBLIC H	IEALTH	INTERVENT	TIONS				
	IN=in compliance	ed compliance status (IN, OUT, N OUT=not in compliance N/C Mark "X" in appropriate box for corrected on-site during inspection	not obsection	erved N/A	N=not	applic	able	preva	lent cont	e important prac ributing factors o re control meas	of foodborne	illness or injur	y. Public illness o	c heal r inju	lth ry.
Co	mpliance Status				cos	R	Com	pliance Sta	itus					cos	R
	¥	Supervision								Protection fro	m Contami	nation			
1	In	Person in charge present, demonstra	ates knowle	edge, and			15	In	· .	Food separated a	nd protected				
2	performs duties In Certified Food Protection Manager (CFPM)				+-	-	16 In Food-contact				urfaces; cleaned and sanitized				
É	In	Employee Health	CFFIVI)				17	In	1	Proper disposition reconditioned an		previously serve	d,		
		Management, food employee and co	onditional e	mplovee:	1				-	ime/Temperatu					
3	In	knowledge, responsibilities and repo					18	In		Proper cooking ti		•	Ī		
4	In	Proper use of restriction and exclusion	on				19	N/0		Proper reheating					
5	In	Procedures for responding to vomiti	ng and diar	rheal events			20	N/G		Proper cooling ti			\neg		
		Good Hygienic Practices	3				21	N/G		Proper hot holding			-1		
6	In	Proper eating, tasting, drinking, or to	obacco use				22	In		Proper cold hold	• •				
7	In	No discharge from eyes, nose, and m	nouth			- 50	23	In		Proper date mark	<u> </u>		\neg		
		Preventing Contamination by	Hands				24	N/A	A	Time as a Public	<u> </u>		ecords		
8	In	Hands clean and properly washed								1	ner Advisory	•			
9	In	No bare hand contact with RTE food		proved			25	In		Consumer adviso			ed food		

222	DETAIL		4
1-1 11 11 1		PRACTICES	

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

26

27

28

N/A

In

In

N/A

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

			100	10
		Safe Food and Water		
30		Pasteurized eggs used where required		es.
31		Water and ice from approved source	A	
32		Variance obtained for specialized processing methods		
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		c-
34		Plant food properly cooked for hot holding		-
35		Approved thawing methods used		
36		Thermometers provided & accurate	1 10	
		Food Identification		
37		Food properly labeled; original container		
		Prevention of Food Contamination		
38		Insects, rodents, and animals not present		
39	X	Contamination prevented during food preparation, storage and display		
40		Personal cleanliness		
41		Wiping cloths: properly used and stored		
42		Washing fruits and vegetables		

alternative procedure properly allowed

Food obtained from approved source

Food received at proper temperature

destruction

Approved Source

Food in good condition, safe, and unadulterated

Required records available: shellstock tags, parasite

Adequate handwashing sinks properly supplied and accessible

R			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									
Į	46	Gloves used properly									
1		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									
l	49	Non-food contact surfaces clean									
		Physical Facilities									
I	50	Hot and cold water available; adequate pressure									
l	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	, J								
		Employee Training									
	57	All food employees have food handler training									
	58	Allergen training as required									

Highly Susceptible Populations

Food/Color Additives and Toxic Substances

Conformance with Approved Procedures

Food additives: approved and properly used

Pasteurized foods used; prohibited foods not offered

Toxic substances properly identified, stored, and used

Compliance with variance/specialized process/HACCP

In

In

N/O

In

N/A

13

Food Establishment Inspection Report

									Page 2
Establishment: Chestnut Family Restaurant Establishment #: 384									
Water Sup	oply: 🛛 Public 🗌 Priv	vate W	aste Wate	r System: 🔀 Pu	blic 🗌 Priv	vate			
Sanitizer Type: Chlorine PPM: 100 Heat:									
			TE	MPERATURE O	BSERVATION	ONS			
	Item/Location	Temp		Item/Location	n	Temp		Item/Location	Temp
All Temps in ∘F									
			nburger, middle o	of 3 door					
			kitchen fridge	e	35				
Pork Loin, out of the oven 182									
			Italiar	n salad dressing, į	glass front				
	op in top of maketable	37		fridge in serving	area	39			
Green	beans, L side of 3 door								
	kitchen fridge	36	Ler	mon meringue pi	e, small				
				pie cooler		40			
			OBSERV	ATIONS AND C	ORRECTIVE	ACTION	S		
Item Number		Viola	tions cited i	n this report must	be corrected	within the	time frame:	s below.	
39	Container of green bea	ans, L side o	of 3 door k	itchen fridge obs	erved unco	vered, pie	shells obse	erved uncovered on co	ounter. Pies in
	cooler observed u	ncovered. I	Ensure all f	ood is properly c	overed to p	revent po	ssible cont	amination from drips	and spills.
		Referen	ce section	3-307.11 of the	Food Code.	COS, unco	overed foo	d covered.	
CFPM Ve	rification (name, expirati	on date, ID	#):						
Cesa	ar and Rosa present,								
	Info on file								
HACCP To	opic: Discussed cooling n	nethods use	ed in estab	lishment				ı	
cesar andrade.				Sep 29, 2022					
Person in Charge (Signature)			Date						
() ₋ n	1								
				Follow-up:	☐ Yes 🔀 N	lo (Check o	one)	Follow-up Date: N/A	
Inspector (Si	ignature)								