Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor /Intervention Violations 0 Date 04/27						/2022	2			
Logan County Department of Public Health												9:30		-		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No. of Popost Pick Easter/Intervention Violations							30AM				
Establishment License/Permit # The Christian Village					Permit Holder Risk Category								-			
Street Address						Christian Horizons High/Class III										
1507 7th St						Purpose of Inspection										
City	//State		ZIP Code		Routine Inspection											
Lin	Lincoln IL 62656							Routine Inspection								
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
	Circle designate	ed compliance status (IN, OUT, N/	item	n												
	IN=in compliance	• •	•	appli	pplicable Risk factors are important practices or procedures identified as prevalent contributing factors of foodborne illness or injury. Pu											
Mark "X" in appropriate box for COS and/or R								interventions are control measures to prevent foodborne illness or								
COS=corrected on-site during inspection R=repeat violation							-							_		
Cor	npliance Status	a		cos	R	R Compliance Status COS Protection from Contamination							R			
T		Supervision Person in charge present, demonstra	tes knowledge and	- <u>1</u>	<u> </u>		15	In	Food separated and		ition		1	-		
1	In	performs duties	tes kilowieuge, allu				16	In	Food-contact surfa	•	and sanitized			-		
2	In	Certified Food Protection Manager (C	FPM)			1			Proper disposition			d.		-		
		Employee Health] [17	In	reconditioned and			· .				
3	In	Management, food employee and co				Time/Temperature Control for Safety				-						
4	In	knowledge, responsibilities and repor Proper use of restriction and exclusio		+	-		18	N/O	Proper cooking tim				_	_		
5	In	Procedures for responding to vomitin		+			19	N/O	Proper reheating p							
-		Good Hygienic Practices		1		1	20	N/O	Proper cooling time					_		
6	In	Proper eating, tasting, drinking, or to	bacco use	T		1	21 22	N/O In	Proper hot holding Proper cold holding	•			_	_		
7	In	No discharge from eyes, nose, and m				1	22	In	Proper date markin				-	-		
		Preventing Contamination by I	Hands		j	1	24	N/A	Time as a Public He			ecords	-1			
8	In	Hands clean and properly washed				1				r Advisory		.corus		-		
9	In	No bare hand contact with RTE food				11	25	N/A	Consumer advisory		raw/undercook	ed food				
10	In	alternative procedure properly allow Adequate handwashing sinks properly							Highly Suscepti	ble Populat	ions					
10		Approved Source	y supplied and accession	<u>-</u>		11	26	In	Pasteurized foods	used; prohibit	ed foods not of	fered				
11	In	Food obtained from approved source		1		11	Ì	Foo	d/Color Additives	and Toxic S	oubstances					
12	N/O	Food received at proper temperature		-			27	In	Food additives: app	proved and pr	operly used					
13	In	Food in good condition, safe, and una	dulterated			1	28	In	Toxic substances p	1 /		lused				
14	N/A	Required records available: shellstock	tags, parasite			1			nformance with A							
	1071	destruction				Ц	29	N/A	Compliance with va	ariance/specia	alized process/H	ACCP		_		
			-			_		CTICES								
		Good Retail Practices are prevent	ative measures to co Mark "X" in appr							•				_		
IV		nbered item is not in compliance		· ·		Tor	cos	and/or R COS=0	corrected on-site	uring inspe	CUON R=r	epeat vio	cos	-		
COS R Safe Food and Water						Proper Use of Utensils							03	<u> </u>		
30	Pasteurized eggs used where required				43 In-use utensils: properly stored							1	-			
31	Water and ice from approved source				44											
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									Utensils, Equipme	ent and Ven	ding					
34	Plant food properly cooked for hot holding					47 Food and non-food contact surfaces cleanable, properly designed, cons and used				structed,						
35	Approved thawing	Approved thawing methods used				48		Warewashing facilities	s: installed. maintair	ed. & used: t	est strips			-		
36 Thermometers provided & accurate					_	49	+ +	Non-food contact sur								
Food Identification						Physical Facilities										
37 Food properly labeled; original container					-	50	T	Hot and cold water av	vailable; adequate pi	ressure						
Prevention of Food Contamination					_	51		Plumbing installed; pr	oper backflow devic	es						
38 39	Insects, rodents, and animals not present				-	52		Sewage and waste wa	iter properly dispose	d						
39 40	Contamination prevented during food preparation, storage and display Personal cleanliness				-	53 Toilet facilities: properly constructed, supplied, & cleaned										
40	Viping cloths: properly used and stored				-	54	+ +	Garbage & refuse properly disposed; facilities maintained								
41 Wiping cloths: property used and stored 42 Washing fruits and vegetables					-	55										
							i I	Adequate ventilation			ed			_		
									Employee	raining						
												- 1				
						57 58	-	All food employees ha Allergen training as re	ave food handler tra							

Food Establishment Inspection Report

Establishm	nent: The Christian Villag	e	E	Page 2 Establishment #:								
	oply: 🛛 Public 🗌 Priv		aste Water System: 🔀 Public 🗌 Pri	ivate								
	Type: Chlorine		PPM: <u>100</u>	vute	Heat:							
			TEMPERATURE OBSERVATI	ONS								
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
	All Temps in ∘F											
			Oats on top shelf in walk in									
Blueberry Cake in cooler unit			cooler by freezer door	38								
by i	main cooking area	39	Thickened juice on middle shelf									
Pasta s	alad in cooler by main		on right side of double door frid	38								
	cooking area	38	Milk on bottom shelf on left side									
Juice on second shelf in walk in			in the double door fridge	39								
cooler by door 39		39										
		·	OBSERVATIONS AND CORRECTIV	E ACTIONS	5							
ltem Number		ime frames below.										
	No Violations were noted during this inspection											
CFPM Ver	rification (name, expirati	on date, ID#	<i>ŧ</i>):									
	Tammy Cooper	Jaco	oueline Patterson									
16007775 21553674 Exp: 01/24/2023 Exp: 02/25/24												
	• • • •		g procedures in establishment									
	· · · ·											
0	Jammy Coop	RN.	Apr 27, 2022									
Person in Ch	arge (Signature)	•	Date									
	of in P											
	(C) Don		Follow-up: 🗌 Yes 🔀	No (Check or	ne) Follow-up Date: N/A							

Inspector (Signature)

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