Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 04/05							/2022	2	
Logan County Department of Public Health					-) AM		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 Establishment License/Permit #						No. of Repeat Risk Factor/Intervention Violations 0 Time Out 11:00) AM	-	
Establishment License/Permit # Copper Creek Cottages 303						Permit Holder Risk Category								-1	
Street Address						Lincoln MC Properties, LLC High/Class I									
203 Stahlhut Dr.						Purpose of Inspection									
City/State ZIP Code						Routine Inspection									
Lincoln, IL 62656															
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
	Circle designate	ed compliance status (IN, OUT, N,	/O, N/A) for each nur	nbered	iten	n									
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a						icat	ble		e important practices of ibuting factors of food	•					
Mark "X" in appropriate box for COS and/or R						prevalent contributing factors of foodborne illness or injury. Public hea interventions are control measures to prevent foodborne illness or inju									
COS=corrected on-site during inspection R=repeat violation						Compliance Status							_		
Con	pliance Status	6		cos	R	R Compliance Status COS Protection from Contamination								R	
1		Supervision Person in charge present, demonstra	tes knowledge and	- <u></u>	<u> </u>	1	15	In	Food separated and prot		tion	Ĩ	-1	-	
1	In	performs duties	tes knowledge, und				16	In	Food-contact surfaces; c		nd sanitized			-	
2	In	Certified Food Protection Manager (CFPM)						Proper disposition of ret			d,		-	
		Employee Health					17	In	reconditioned and unsaf		,				
3	In	Management, food employee and co				Time/Temperature Control for Safety									
4	In	knowledge, responsibilities and repo Proper use of restriction and exclusion				18 N/O Proper cooking time and temperatures						_			
5	In	Procedures for responding to vomitin		+			19	N/O	Proper reheating proced				_		
-		Good Hygienic Practices				1	20	N/0	Proper cooling time and						
6	In	Proper eating, tasting, drinking, or to	bacco use			1	21 22	N/O In	Proper hot holding temp Proper cold holding tem				_	_	
7	In	No discharge from eyes, nose, and m	outh			1	22	In	Proper date marking and					-	
		Preventing Contamination by	Hands				24	N/A	Time as a Public Health (ecords		-	
8	In	Hands clean and properly washed							Consumer Adv						
9	In	No bare hand contact with RTE food		Ĩ			25	N/A	Consumer advisory prov	•	raw/undercool	ed food			
Image: Second state of the second state of									Highly Susceptible F	opulat	ions				
10		Approved Source	y supplied and decessio		-		26	In	Pasteurized foods used;	prohibit	ed foods not of	fered			
11	In	Food obtained from approved source		1		11		Food	d/Color Additives and	Toxic S	ubstances				
12	In	Food received at proper temperature		-			27	In	Food additives: approve	d and pr	operly used				
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances proper	·		d used			
14	N/A	N/A Required records available: shellstock tags, parasite				1			nformance with Appro					_	
destruction					29 N/A Compliance with variance/specialized process/HACCP ALL PRACTICES								_		
						_								-	
		Good Retail Practices are prevent							cals, and physical obje- corrected on-site durin			epeat vio	alatio	_	
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS R							03		corrected on-site durin	ig inspe			cos	_	
Safe Food and Water						Proper Use of Utensils							000	-	
30	Pasteurized eggs u	Pasteurized eggs used where required					43 In-use utensils: properly stored								
31	-	Water and ice from approved source				44	-		k linens: properly stored,	dried, &	handled				
32	Variance obtained	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 met	hods used; adequate equipment for t	emperature control						Utensils, Equipment a	nd Ven	ding				
34		Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constru- and used						structed,			
35		Approved thawing methods used				48	3		s: installed, maintained, 8	k used; to	est strips		-	-	
36 Thermometers provided & accurate					_	49)	Non-food contact surf			· · ·				
Food Identification									Physical Facilit	ties					
37 Food properly labeled; original container					_	50 Hot and cold water available; adequate pressure									
Prevention of Food Contamination 38 Insects, rodents, and animals not present						51	L	Plumbing installed; pr	oper backflow devices						
38	Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display					52	2	Sewage and waste wa	ter properly disposed						
40	Personal cleanliness					53 Toilet facilities: properly constructed, supplied, & cleaned									
41 Wiping cloths: properly used and stored					-	54	-		perly disposed; facilities r		ed				
42 Washing fruits and vegetables						55 Physical facilities installed, maintained, and clean 56 Adequate ventilation and lighting; designated areas used									
· · · · · · · · · · · · · · · · · · ·							יו	Adequate ventilation			a	1			
						57	7	All food employees ba	Employee Train ave food handler training	in ing		1	1	-	
						58	-	Allergen training as re				-		\neg	
							1								

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Sanitizer Type: Quat

Establishment: Copper Creek Cottages

Water Supply: 🛛 Public 🗌 Private

PPM: 200

Waste Water System: 🛛 Public 🗌 Private

Heat:

Establishment #:

				TEMPERATURE OB	SERVATIO	ONS				
	Temp		Item/Location		Temp		Item/Location	Temp		
1										
All Co	41		Milk on middle shelf in	fridge						
			in kitchen		39					
Jello on			Butter on top shelf in fr	idge in						
	38		kitchen		40					
Sour cre										
	40									
Sliced carrots on top shelf in walk										
	in cooler									
			0	BSERVATIONS AND COF	RRECTIVE		NS			
ltem Number	. Violations cited in this report must be corrected within the time frames below.									
				No Violations not	ed during	inspecti	on			
CFPM Ver	ification (name, expiration	on date, Il	D#):							
E										
HACCP To	pic: Discussed procedur	es for res	pon	ding to diarrheal and vomi	iting even	ts				

Person in Charge (Signature)

Apr 5, 2022

Date

Follow-up: 🗌 Yes 🔀 No (Check one)