## Food Establishment Inspection Report

Page 1 of 2

| Local Health Department Name and Address   |  |  |                        |   |          | No. of Risk Factor/Intervention Violations 0 Date 09/28  |            |   |  |                 |                 |           | /2022  | 2      |
|--|--|--|------------------------|---|----------|--|------------|---|--|-----------------|-----------------|-----------|--------|--------|
| Logan County Department of Public Health<br>109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317      |  |  |                        |   |          | Time In 10:4   |            |   |  |                 |                 | 5 AM      |        |        |
| Establishment License/Permit #   |  |  |                        |   | - No     | No. of Repeat Risk Factor/Intervention Violations 0 Time Out 11:30   |            |   |  |                 |                 | ) am      |        |        |
| Copper Creek Cottages 303  |  |  |                        |   | Pe       | Permit Holder Risk Category  |            |   |  |                 |                 |           |        |        |
| Street Address   |  |  |                        |   |          | Lincoln MC Properties, LLC High/Class I  |            |   |  |                 |                 |           |        |        |
| 203 Stahlhut Dr.   |  |  |                        |   |          | Purpose of Inspection  |            |   |  |                 |                 |           |        | - 1    |
| City/State ZIP Code  |  |  |                        |   |          | Routine Inspection   |            |   |  |                 |                 |           |        |        |
| Lin  | coln, IL   |  | _                      |   |          |  |            |   |  |                 | _               |           |        |        |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS   |  |  |                        |   |          |  |            |   |  |                 |                 |           |        |        |
|  | Circle designate   | ed compliance status (IN, OUT, N,  | l iten                 | <b>Risk factors</b> are important practices or procedures identified as the |          |  |            |   |  |                 | ~ <b>~</b> ~~   |           |        |        |
|  | IN=in compliance   |  | -                      | appl  | ical     | ble  |            | ibuting factors o   | -                                      |                 |                 |           |        |        |
| Mark "X" in appropriate box for COS and/or R<br>COS=corrected on-site during inspection <b>R</b> =repeat violation |  |  |                        |   |          |  |            | 1 ·   | re control measu                       |                 | •               | •         |        |        |
| Compliance Status COS  |  |  |                        |   |          |  | Cor        | npliance Status   |  |                 |                 |           | cos    | R      |
|  |  | Supervision  |                        | 1005  | R        |  |            |   | Protection fro                         | n Contamina     | ation           |           | 005    | -      |
|  |  | Person in charge present, demonstra  | tes knowledge, and     | 1   | <u> </u> |  | 15         | In  | Food separated a                       |                 |                 | 1         | 1      |        |
| 1  | In   | performs duties  |                        |   |          |  | 16         | In  | Food-contact surf                      |                 | and sanitized   |           |        |        |
| 2  | In   | Certified Food Protection Manager (  | CFPM)                  |   |          |  | 17         | In  | Proper disposition                     |                 | reviously serve | d,        |        |        |
|  |  | Employee Health  |                        |   | _        |  | <u>-''</u> |   | reconditioned and                      |                 |                 |           |        |        |
| 3  | In   | Management, food employee and co<br>knowledge, responsibilities and repo   |                        |   |          | Time/Temperature Control for Safety  |            |   |  |                 |                 |           |        |        |
| 4  | In   | Proper use of restriction and exclusion                                    |                        |   |          | 1  | 18<br>19   | N/O   |  |                 |                 |           | -      | _      |
| 5  | In   | Procedures for responding to vomitir                                       | g and diarrheal events |   |          | 1  | 20         | N/O<br>N/O  | Proper reheating<br>Proper cooling tin |                 |                 |           | _      | -      |
|  |  | Good Hygienic Practices  |                        |   |          | 1  | 20         | N/0   | Proper hot holding                     |                 |                 |           |        |        |
| 6  | In   | Proper eating, tasting, drinking, or to                                    | bacco use              |   |          |  | 22         | In  | Proper cold holdir                     |                 |                 |           |        | -      |
| 7  | In   | No discharge from eyes, nose, and m  | outh                   |   |          |  | 23         | In  | Proper date mark                       |                 |                 |           |        |        |
|  |  | Preventing Contamination by  | Hands                  | -   |          |  | 24         | N/A   | Time as a Public H                     | ealth Control;  | procedures & re | ecords    |        |        |
| 8  | In   | Hands clean and properly washed  |                        |   |          |  |            |   | Consum                                 | er Advisory     |                 |           |        |        |
| 9  | In   | No bare hand contact with RTE food<br>alternative procedure properly allow |                        |   |          |  | 25         | N/A   | Consumer advisor                       | y provided for  | raw/undercook   | ed food   |        |        |
| 10 In Adequate handwashing sinks properly supplied and accessible  |  |  |                        | e   |          |  |            |   | Highly Suscep                          | tible Populat   | ions            |           |        | 2      |
| -  |  | Approved Source  |                        | _   | -        |  | 26         | In  | Pasteurized foods                      | used; prohibit  | ed foods not of | fered     |        |        |
| 11   | In   | Food obtained from approved source   | !                      | 1   |          | 1  |            |   | d/Color Additive                       |                 |                 |           |        |        |
| 12   | In   | Food received at proper temperature  | 2                      |   |          |  | 27         | In  | Food additives: ap                     |                 |                 |           |        |        |
| 13   | In   | Food in good condition, safe, and una                                      | adulterated            |   |          |  | 28         | In  | Toxic substances                       |                 |                 | used      |        |        |
| 14   | N/A  | Required records available: shellstoc<br>destruction                       | k tags, parasite       | 1   |          |  | 29         | N/A   | nformance with<br>Compliance with      |                 |                 |           | -1     | -      |
| <u> </u>   |  | destruction  | 6001                   | ) RF  | ΓΔΙΙ     |  |            | CTICES  | compliance with                        | ununce, specie  |                 |           |        | -      |
| -  |  | Good Retail Practices are prevent  |                        |   |          |  |            |   | rals and physica                       | objects into    | foods           |           |        | -      |
| ⊾  |  | nbered item is not in compliance   | Mark "X" in appro      |   |          |  |            |   | corrected on-site                      | -               |                 | epeat vie | olatio | n      |
|  |  |  |                        | cos   |          | Ē  |            |   |  |                 |                 | <u> </u>  | cos    | R      |
|  |  | Safe Food and Water  |                        |   |          |  |            | -   | Proper Use                             | of Utensils     |                 |           |        |        |
| 30   | Pasteurized eggs u   | Pasteurized eggs used where required                                       |                        |   |          | 43 In-use utensils: properly stored  |            |   |  |                 |                 |           |        |        |
| 31   | Water and ice fron   | 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   | 5          | Gloves used properly  |  |                 |                 |           |        | _      |
| 33   |  | Proper cooling methods used; adequate equipment for temperature control    |                        |   |          | -  | 1          | r:  | Utensils, Equipm                       |                 |                 |           |        |        |
| 34   |  | Plant food properly cooked for hot holding                                 |                        |   | -        | 47   | 7          | Food and non-food co<br>and used                                | ontact surfaces clea                   | nable, properly | y designed, con | structed, |        |        |
| 35   |  | Approved thawing methods used  |                        |   | -        | 48   | 3          | Warewashing facilities  | s: installed, mainta                   | ined, & used; t | est strips      |           |        |        |
| 36 Thermometers provided & accurate Food Identification  |  |  |                        |   | -        | 49   | 9          | Non-food contact sur  | faces clean                            |                 |                 |           |        |        |
| 37 Food properly labeled; original container   |  |  |                        |   |          | _  | 1          | Ê   |  | Facilities      |                 |           |        |        |
| Prevention of Food Contamination   |  |  |                        |   | -        | 50   | -          | Hot and cold water av   |  |                 |                 |           |        |        |
| 38 Insects, rodents, and animals not present   |  |  |                        |   | -        | 51   | -          | Plumbing installed; pr  | •                                      |                 |                 |           |        |        |
| 39   | Contamination prevented during food preparation, storage and display |  |                        | -   |          | 52   | -          | Sewage and waste wa   |  |                 | - d             |           |        | _      |
| 40   | 0 Personal cleanliness   |  |                        |   |          | 53     Toilet facilities: properly constructed, supplied, & cleaned       54     Garbage & refuse properly disposed; facilities maintained |            |   |  |                 |                 |           |        |        |
| 41 Wiping cloths: properly used and stored   |  |  |                        |   |          | 54   | -          | Physical facilities insta                                       |  |                 | eu              | -         | -      |        |
| 42 Washing fruits and vegetables   |  |  |                        |   |          | 56   | _          | Adequate ventilation  |  |                 | ed              |           | _      | $\neg$ |
|  |  |  |                        |   |          |  | 1          |   |  | e Training      |                 |           |        | _      |
|  |  |  |                        |   |          | 57   | 7          | All food employees ha   |  |                 |                 |           |        |        |
|  |  |  |                        |   |          | 58   | -          | Allergen training as re   |  |                 |                 |           |        |        |

## Food Establishment Inspection Report

|                |                                       |              |                                     |              |               | Page 2 of $^2$ |  |  |  |  |  |
|----------------|---------------------------------------|--------------|-------------------------------------|--------------|---------------|----------------|--|--|--|--|--|
| Establishm     | ent: Copper Creek Cotta               | ges          | E                                   | Establishmer | nt #: 303     |                |  |  |  |  |  |
| Water Sup      | ply: 🛛 Public 🗌 Priv                  | ate Wa       | ste Water System: 🔀 Public 🗌 P      | rivate       |               |                |  |  |  |  |  |
| Sanitizer T    | ype: Quat                             |              | PPM: 200                            | Heat:        |               |                |  |  |  |  |  |
|                |                                       |              | TEMPERATURE OBSERVAT                | IONS         |               |                |  |  |  |  |  |
|                | Item/Location                         | Temp         | Item/Location                       | Temp         | Item/Location | Temp           |  |  |  |  |  |
|                | All Temps in ∘F                       |              |                                     |              |               |                |  |  |  |  |  |
| All C          | old Holding Units ≤                   | 41           | coleslaw on top shelf in walk in    |              |               |                |  |  |  |  |  |
|                |                                       |              | cooler                              | 39           |               |                |  |  |  |  |  |
| Milk on        | middle shelf of single                |              |                                     |              |               |                |  |  |  |  |  |
| doo            | r fridge in kitchen                   | 38           |                                     |              |               |                |  |  |  |  |  |
| Lunch          | meat on top shelf in                  |              |                                     |              |               |                |  |  |  |  |  |
| single o       | door fridge in kitchen                | 40           |                                     |              |               |                |  |  |  |  |  |
| Mac and        | cheese on middle shelf                |              |                                     |              |               |                |  |  |  |  |  |
| ii             | n walk in cooler                      | 38           |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              | OBSERVATIONS AND CORRECTIV          | /E ACTIONS   | S             |                |  |  |  |  |  |
| ltem<br>Number |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                | No Violations noted during inspection |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
| CFPM Ver       | ification (name, expiration           | on date, ID# | ):                                  |              |               |                |  |  |  |  |  |
| Pa             | aul Allen present                     |              |                                     |              |               |                |  |  |  |  |  |
|                |                                       |              |                                     |              |               |                |  |  |  |  |  |
| HACCP To       | pic: Discussed procedur               | es for respo | nding to diarrheal and vomiting eve | nts          |               |                |  |  |  |  |  |
| Del            | ora & Mark, Inn                       | c            | Sep 28, 2022                        |              |               |                |  |  |  |  |  |
|                |                                       |              | 000 20, 2022                        |              |               |                |  |  |  |  |  |

Person in Charge (Signature)

Date

Follow-up: Yes X No (Check one)

Follow-up Date: N/A

Inspector (Signature)