													Pag	ge 1	of 2
	Local Health Department Name and Address							No. of Risk Factor/Intervention Violations				Date	02/20)/202	0
Logan County Department of Public Health							No. of hisk ractory intervention violations				0	Time In	9:20) AM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 Establishment License/Permit #							No. of Repeat Risk Factor/Intervention Violation				ns O	Time Out	10:0	0 AM	_
Dotty's License/Permit #								Permit Holder				Risk Category			
Street Address								SOILL Restaurant Systems				Medium/Class II			
	87 Woodlawn Rd.					ħ	Purpo	ose of I	nspection	,					_
City/State ZIP Code								Routine Inspection							
Lincoln, IL 62656							Nouthe hispection								
		FOODBORNE IL	LNESS	RISK FAC	TOF	RS	AN	D PU	BLIC HEAL	TH INTERVENT	IONS				
	Circle designat	ed compliance status (IN, OUT, N/	O, N/A)	for each numb	erec	d it	tem								
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a							pplica	ble	Risk factors are important practices or prevalent contributing factors of foodbo						
		Mark "X" in appropriate box fo		-					1 '	ns are control measu		•	•		
		corrected on-site during inspection	n R=r	epeat violatio	_	_	-1	E	<u> </u>						
Co	mpliance Status				cos	L	R	Comp	liance Status				-	cos	R
-/-		Supervision			_	_				Protection fro		ation			_
1	In	Person in charge present, demonstrat performs duties	es knowl	edge, and		l		15	In .	Food separated a					┞
2	In	Certified Food Protection Manager (C	FPM)		\vdash	t		16	In	Food-contact surf				-	⊢
Employee Health								17	In	reconditioned and	on of returned, previously served, nd unsafe food				
3	In	Management, food employee and conditional employee;				Time/Temperature Control for Safety									
		knowledge, responsibilities and repor				╀	_	18	N/O	Proper cooking ti	me and tempe	eratures			
4	In	Proper use of restriction and exclusion				╄	-	19	N/A	Proper reheating	procedures fo	r hot holding			
5 In Procedures for responding to vomiting and diarrheal events								20	N/A	Proper cooling tin	roper cooling time and temperature				
_	1	Good Hygienic Practices			_	T	-	21	N/O	Proper hot holdin	g temperatur	es			
7	In In	Proper eating, tasting, drinking, or tol				╁		22	In	Proper cold holdi	ng temperatui	res			_
						L	- 0	23	In	Proper date mark	per date marking and disposition				\perp
8	N/O	Preventing Contamination by H Hands clean and properly washed	iarius			Т		24	N/A	Time as a Public F		; procedures & r	ecords		L
-		No bare hand contact with RTE food o	or a pre-a	pproved		H					er Advisory				
9	N/O	alternative procedure properly allowe		pp. 0.104				25	N/A	Consumer advisor			ked food		Щ
10	ln	Adequate handwashing sinks properly	/ supplied	l and accessible						Highly Suscep	· ·				
		Approved Source						26	N/A	Pasteurized foods			fered		Щ
11	In	Food obtained from approved source				L		27		Food/Color Additive					
12	N/O	Food received at proper temperature				L		27	ln ln	Food additives: ap			المحدد لم		-
13	In	Food in good condition, safe, and una				L		28	In	Toxic substances Conformance with	· · ·		u usea	<u>_</u>	_
	N/A Required records available: shellstock tags, parasite destruction							29	N/A	Compliance with	•••		IACCD		
14	IN/A	doctruction													

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

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

			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		
46		Gloves used properly		
		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		
49		Non-food contact surfaces clean		
		Physical Facilities		
50		Hot and cold water available; adequate pressure		
51	X	Plumbing installed; proper backflow devices	X	
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		
		Employee Training		
57		All food employees have food handler training		
58		Allergen training as required		

Food Establishment Inspection Report

Establishr	nent: Dotty's			Establishmen	nt #: 404	Page 2 of 3				
Water Su	oply: 🛛 Public 🗌 Pri	vate Wast	te Water System: 🛛 Public 🗌	Private						
	Гуре: Quat		PPM: 200		Heat:					
			TEMPERATURE OBSERV	ATIONS						
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp				
	All Temps in ∘F									
All Cold Holding Units ≤ 41										
Sour	cream, in make table	39								
Musta	Mustard, under make table									
It - · · ·		C	BSERVATIONS AND CORREC	TIVE ACTIONS						
Item Number		Violatio	ns cited in this report must be corre	cted within the t	ime frames below.					
51	An air gap is not properly provided for the mop sink. Hose connected to faucet observed touching the bottom of the basin.									
The water supply inlet is below the flood rim of the fixture. Provide an air gap at least twice the diameter of the										
	Code. COS, hose moved.									
CFPM Ve	rification (name, expirat	ion date, ID#):								
Christ	ina Sparks, Info on file									
HACCP To	opic: Discussed procedu	res used for sa	initizer concentrations and test s	strip usage.						
am	wy X. Zimmunmum parge (Signature)		Feb 20, 2020	_						
Person in Ch	narge (Signature)		Date							
	ay li		Follow-up: Yes	No (Check on the control of	ne) Follow-up Date: N/A					
Inspector (S	ig n ature)									