Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	12/08/2022		
Logan County Department of Public Health 109 3rd St. P.O. Box 508 Lincoln. II. 62656 Phone: (217) 735-2317					<u>-</u> -{	Time In	2:00 PM
, , ,	Permit #	No. of Repeat Risk Factor/Intervention Violations (0	Time Out	2:30 PM	
Eagles Lodge #2708 253			Permit Holder		Risk Category		
Street Address			Fraternal Order of Eagles Aerie #2708 Medium/Class II				
1621 N Kickapoo St.	Purpose of Inspection						
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656							

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

	CO3=	-corrected on-site during inspection k =repeat violatio	11		
Со	mpliance Status		cos	R	
Supervision					
1	In	Person in charge present, demonstrates knowledge, and performs duties			
2	In	Certified Food Protection Manager (CFPM)			
Employee Health					
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	In	Proper use of restriction and exclusion			
5	In	Procedures for responding to vomiting and diarrheal events			
		Good Hygienic Practices			
6	N/O	Proper eating, tasting, drinking, or tobacco use			
7	N/O	No discharge from eyes, nose, and mouth			
		Preventing Contamination by Hands			
8	N/O	Hands clean and properly washed			
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	In	Adequate handwashing sinks properly supplied and accessible			
		Approved Source			
11	In	Food obtained from approved source			
12	N/O	Food received at proper temperature			
13	In	Food in good condition, safe, and unadulterated			
14	N/A	Required records available: shellstock tags, parasite destruction			
		GOOD	DET	·ΛΙ	

Compliance Status								
Protection from Contamination								
15	In Food separated and protected							
16	In	In Food-contact surfaces; cleaned and sanitized						
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food						
Time/Temperature Control for Safety								
18	N/O	Proper cooking time and temperatures						
19	N/O	Proper reheating procedures for hot holding						
20	N/O	Proper cooling time and temperature						
21	N/O	Proper hot holding temperatures						
22	In	Proper cold holding temperatures						
23	In	Proper date marking and disposition						
24	N/A	Time as a Public Health Control; procedures & records						
		Consumer Advisory						
25	ln .	Consumer advisory provided for raw/undercooked food						
		Highly Susceptible Populations						
26	N/A	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances								
27	In	Food additives: approved and properly used						
28	In	Toxic substances properly identified, stored, and used						
Conformance with Approved Procedures								
29	N/A	Compliance with variance/specialized process/HACCP						

GOOD RETAIL PRACTICES

LCOC I D

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

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		3/-
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		r-
34	Plant food properly cooked for hot holding		ŝ
35	Approved thawing methods used		
36	Thermometers provided & accurate	100	-
	Food Identification		
37	Food properly labeled; original container		
- 55	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		
42	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	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	, ,					
	Employee Training						
57	All food employees have food handler training						
58	Allergen training as required						

Food Establishment Inspection Report

Page 2 of 2

Establishment: Eagles Lodge #2	708		Establishment #: 3	253	1 486 2 01
Water Supply: Number 2 Public	Private Waste	e Water System: 🛛 Public 🗌	Private		
Sanitizer Type: Chlorine		PPM: 100		leat:	
		TEMPERATURE OBSERVA	ATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Units ≤	41				
Ranch Dressing in single doo	r				
fridge near door in kitchen	39				
Club Soda on the middle she	f				
in walk in cooler	38				
		DOEDWATIONS AND CORDECT	FINE A CTIONS		
Itam		BSERVATIONS AND CORRECT			
Item Number	Violation	s cited in this report must be corre	cted within the time f	rames below.	
		No Violations noted du	ring inspection		
		No violations noted du	ing inspection		
CFPM Verification (name, expir	ration date, ID#):			1	
Marcia Heironymus 16084618 Exp 2/13/2023					
HACCP Topic: Discussed prope	r date marking pro	ocedures in establishment		•	
_					
ange Bram	<i>SOO</i>	Dec 8, 2022			
Person in Charge (Signature)		Date			
Daka			<u> </u>		
Inspector (Signature)		Follow-up: Yes	No (Check one)	Follow-up Date: N/A	