Food Establishment Inspection Report

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Local Health Department Name and Address					No. of Bick Factor /Intervention Violations 0 Date 03/0							03/02	/2023		
Logan County Department of Public Health															
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No. of Papast Rick Factor (Intervention Violations 0								35 AM		
Establishment License/Permit #					_								D AM		
First United Methodist Church/ Kids Club 206					Permit Holder Risk Category										
Street Address					-	First United Methodist Church High/Class I								_	
302 Broadway St.						Purpose of Inspection									
City/State ZIP Code					Routine Inspection										
Lincoln IL 62656															
		FOODBORNE IL	LNESS RISK FAC	CTOR	IS A	N	D PI	UBLIC HEALTH	INTERVENTIC	ONS					
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i						n									
IN=in compliance OUT=not in compliance N/O=not observed N/A=not ap							pplicable Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health								
		Mark "X" in appropriate box fo	-					1.	e control measure		-				
	COS=0	corrected on-site during inspectio	n R=repeat violation	on										<i>.</i>	
Com	pliance Status			cos	R		Corr	pliance Status					cos	R	
		Supervision							Protection from	Contamina	ation				
1	In	Person in charge present, demonstra	tes knowledge, and				15	In	Food separated and	protected					
2	In	performs duties Certified Food Protection Manager (C		-		-	16	In	Food-contact surface	es; cleaned a	and sanitized				
2	in			<u> </u>		11	17	In	Proper disposition or reconditioned and u		reviously served	I,			
-1		Employee Health Management, food employee and co	nditional omnlovoo:	1	<u> </u>		-	T	ime/Temperature		r Safatu			-	
3	In	knowledge, responsibilities and report					18	N/O	Proper cooking time			1	1	-	
4	In	Proper use of restriction and exclusio	n			1	19	N/O	Proper reheating pro					-	
5	In	Procedures for responding to vomitir	g and diarrheal events			1	20	N/O	Proper cooling time				-	-	
		Good Hygienic Practices					21	N/O	Proper hot holding to						
6	In	Proper eating, tasting, drinking, or to	bacco use				22	In	Proper cold holding	•					
7	In	No discharge from eyes, nose, and m	outh				23	In	Proper date marking	•		-	-	-	
		Preventing Contamination by I	lands		ļ		24	N/A	Time as a Public Hea			cords		-	
8	In	Hands clean and properly washed							Consumer		procedures of re	1			
9	In	No bare hand contact with RTE food		1			25	N/A	Consumer advisory p		raw/undercook	ed food			
_		alternative procedure properly allow		-					Highly Susceptib						
10	In	Adequate handwashing sinks properl	y supplied and accessible	2			26	N/A	Pasteurized foods us	•		ered			
44	lu.	Approved Source		1			2	Food	d/Color Additives a	and Toxic S	ubstances				
11 12	In N/O	Food obtained from approved source Food received at proper temperature		-			27	In	Food additives: appr	oved and pr	operly used				
-	In			-			28	In	Toxic substances pro	perly identi	fied, stored, and	used			
13		Food in good condition, safe, and una		-	_		1 2	Coi	nformance with Ap	proved Pr	ocedures				
14	N/A	Required records available: shellstock destruction	ciags, parasite				29	N/A	Compliance with var	iance/specia	lized process/H	ACCP			
			GOOD	RET	ΓΑΙΙ	LP	RA	CTICES							
		Good Retail Practices are prevent	ative measures to cor	ntrol ti	ne ad	ddit	ion o	of pathogens, chemic	cals, and physical o	bjects into	foods.				
м	ark "X" in box if nur	nbered item is not in compliance	Mark "X" in appro	priate	box	for	COS	and/or R COS=0	orrected on-site d	uring inspe	ection R=re	peat vio	olatio	n	
			J	cos	R								cos	R	
		Safe Food and Water		101				5.	Proper Use of	f Utensils					
30	Pasteurized eggs u	sed where required				43	3	In-use utensils: prope	rly stored						
31	Water and ice fron	n approved source				44	1	Utensils, equipment 8	linens: properly stor	ed, dried, &	handled				
32	Variance obtained	for specialized processing methods				45	5	Single-use/single-serv	ice articles: properly	stored and u	ised				
Food Temperature Control						46 Gloves used properly									
33	Proper cooling methods used; adequate equipment for temperature control								Utensils, Equipmer	nt and Ven	ding				
34	Plant food properly cooked for hot holding					47	7	Food and non-food co and used	intact surfaces cleana	ble, properly	y designed, cons	tructed,			
35	Approved thawing	methods used				48	3	Warewashing facilities	s: installed, maintaine	ed. & used: t	est strips			-	
36	Thermometers pro	vided & accurate				49	-	Non-food contact sur					-		
Food Identification						-	1.		Physical Fa	cilities					
37	Food properly labe	led; original container				50		Hot and cold water av				Ť	1		
	т	Prevention of Food Contamina	tion	-		51	-	Plumbing installed; pr					-		
38					_	52	-	Sewage and waste wa	•						
39 Contamination prevented during food preparation, storage and display			_	_	53	-	Toilet facilities: prope			ed					
40	Personal cleanlines				_	54	1	Garbage & refuse pro							
41 Wiping cloths: properly used and stored				_	- 55 Physical facilities installed, maintained, and clean										
42 Washing fruits and vegetables					_	56	5	Adequate ventilation	and lighting; designat	ed areas use	ed				
									Employee T	Fraining					
						57	7	All food employees ha	we food handler train	ning					
						58	3	Allergen training as re	quired						

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Establishment: First United N	Methodist Church/ K	Establishment #: 206									
Water Supply: 🛛 Public [Private Wast	e Water System: 🔀 Public 🗌	Private								
Sanitizer Type: Chlorine		PPM: 100		Heat:							
		TEMPERATURE OBSERVA	TIONS								
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
All Temps in ∘F											
Half in half in door of fridg	ge in										
single door fridge in kitch	nen 38										
Ketchup in door of single o	door										
fridge in kitchen area	39										
Pickles in door of single d	oor										
fridge in kitchen area 40											
	0	BSERVATIONS AND CORRECT	IVE ACTIONS								
ltem Number	Violation	ns cited in this report must be correc	ted within the t	ime frames below.							
	No violation noted during inspection										
CFPM Verification (name, ex	xpiration date, ID#):										
Nicole present- On File	e										
HACCP Topic: Discussed pro	oper hand washing p	rocedures in establishment									
Kii rem											
	_	Mar 2, 2023									
Person in Charge (Signature)		Date									
An Ban		Follow-up: 🗌 Yes [🗙 No (Check on	e) Follow-up Date : N/A							

Inspector (Signature)

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