## Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 12/28							/2022	
Logan County Department of Public Health												1:30	BOPM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656         Phone: (217) 735-2317           Establishment         License/Permit #					No. of Report Rick Faster /Intervention Violations						1:50	борм		
Faith Assembly of God 305					Permit Holder Risk Category								-1	
Street Address						Faith Assembly of God High/Class I								
1225 Nicholson Rd.						Purpose of Inspection								
City	/State		ZIP Code		Routine Inspection									
Lincoln, IL 62656														
		FOODBORNE IL	LNESS RISK FA	CTOR	rs a	١N	DP	UBLIC HEALTH	INTERVENT	IONS				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered it								Risk factors are	e important prac	tices or proce	dures identifia	ad as the	o mo	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not ap							ble		ibuting factors o	-				
Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection <b>R</b> =repeat violation							interventions are control measures to prevent foodborne illness or injury.							
Com	pliance Status		••••••	cos	R	R Compliance Status COS F							R	
Supervision						Protection from Contamination								-
1	In	Person in charge present, demonstra	tes knowledge, and	1			15	In	Food separated a			T		
1		performs duties					16	In	Food-contact surf	aces; cleaned a	ind sanitized			
2	In	Certified Food Protection Manager (C	FPM)	_			17	In	Proper disposition		reviously served	,		
-1		Employee Health Management, food employee and co		<del></del>	1				reconditioned and ime/Temperatu		· Cafatu			_
3	In	knowledge, responsibilities and repo					18	N/O	Proper cooking tir			Ť	1	-
4	In	Proper use of restriction and exclusio	n				19	N/O	Proper reheating			-		
5	In	Procedures for responding to vomitin	g and diarrheal events				20	N/O	Proper cooling tin			-		
- 1		Good Hygienic Practices		-	_		21	N/O	Proper hot holdin	g temperatures	5			
6	In	Proper eating, tasting, drinking, or to		+			22	In	Proper cold holdin	ng temperature	!S			
7	In	No discharge from eyes, nose, and m		<u>.</u>	L,		23	In	Proper date mark	ing and disposi	tion			
8	N/O	Preventing Contamination by I Hands clean and properly washed	Hands	1	1		24	N/A	Time as a Public H		procedures & re	cords		
		No bare hand contact with RTE food	or a pre-approved							er Advisory				
9	N/O	alternative procedure properly allow					25	N/A	Consumer advisor			ed food		-
10	In	Adequate handwashing sinks properl	y supplied and accessibl	e			26	N/A	Highly Suscep Pasteurized foods	•		ared		_
		Approved Source		4 5	_		20		d/Color Additive					-
11	In	Food obtained from approved source					27	In	Food additives: ap			1	1	
12 13	N/A In	Food received at proper temperature		+	-		28	In	Toxic substances			used	-	
		Food in good condition, safe, and una Required records available: shellstocl		+	$\vdash$			Coi	nformance with	Approved Pr	ocedures			
14	N/A	destruction	(ugs, parasite				29	N/A	Compliance with	variance/specia	lized process/H/	ACCP		
			GOOI	D RE	TAII	LP	RA	CTICES						
		Good Retail Practices are prevent								-				
М	ark "X" in box if nun	nbered item is not in compliance	Mark "X" in appro		e box	for	r COS	and/or R COS=0	corrected on-site	e during inspe	ction R=re	peat vio		_
COS R					R	COS								R
30	Bastourized eggs u	Safe Food and Water	Ť	T	-	Proper Use of Utensils           43         In-use utensils: properly stored							-1	
31	-	Pasteurized eggs used where required Water and ice from approved source			-	44	-	Utensils, equipment 8	•	tored, dried, &	handled		-	
32		for specialized processing methods				45	-	Single-use/single-serv	,				_	
Food Temperature Control						46		Gloves used properly						
33 Proper cooling methods used; adequate equipment for temperature control									Utensils, Equipm	ent and Ven	ding			
34	Plant food properly cooked for hot holding					47	7	Food and non-food co	ontact surfaces clea	anable, properly	y designed, cons	tructed,		
35	Approved thawing methods used					48	8	and used Warewashing facilities	s: installed, mainta	ined. & used: t	est strips	-+		-
36 Thermometers provided & accurate						49	-	Non-food contact sur				$\rightarrow$	-	
Food Identification						Physical Facilities							_	
37	Food properly labeled; original container  Prevention of Food Contamination					50 Hot and cold water available; adequate pressure								
38	Prevention of Food Contamination           38         Insects, rodents, and animals not present					51 Plumbing installed; proper backflow devices								
38	Contamination prevented during food preparation, storage and display				-	52 Sewage and waste water properly disposed								
40					-	- 53 Toilet facilities: properly constructed, supplied, & cleaned						_		
41						- 54 Garbage & refuse properly disposed; facilities maintained								
42 Washing fruits and vegetables						55 56	-	Physical facilities insta Adequate ventilation			h	$\rightarrow$		_
				0.000			1			e Training			1	_
						57	7	All food employees ha				1	1	
						58	-	Allergen training as re						

## Food Establishment Inspection Report

						1 460 -	
Establishn	nent: Faith Assembly of (	God		Establishment #: 305			
Water Sup	oply: 🛛 Public 🗌 Priv	vate Was	ste Water System: 🔀 Public 🗌	] Private			
Sanitizer 1	Гуре: Chlorine		PPM: 100		Heat:		
			TEMPERATURE OBSER\	ATIONS			
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	
All Temps in ∘F							
All C	Cold Holding Units ≤	41					
Relish, i	nside door of R kitchen						
fridge		39					
Buffalo	o sauce, inside door of						
L Kitchen fridge		40					
		(	OBSERVATIONS AND CORREC	TIVE ACTIONS			
ltem Number		Violatio	ons cited in this report must be corre	ected within the tim	e frames below.		
			No Violations Noted D	uring Inspection			
CFPM Ve	rification (name, expirati	on date, ID#)	):				
•	Kami, info on file						
ΗΑССΡ Τα	opic: Discussed cleaning	and sanitizin	g used in establishment.				
Person in Charge (Signature)			12/28/2022 Date	_			
			Vale				
Sy	í í		Follow-up: 🗌 Yes	X No (Check one)	Follow-up Date: N/A		

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