## **Food Establishment Inspection Report**

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Logan County Department of Public Health			No. of Risk Factor/Intervention Violations			0	Date	12/27/2022
						٠	Time In	2:00 AM
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			No. of Repeat Risk Factor/Intervention Violations			o h	T: O t	2.20.414
tablishment License/Po		Permit #	,				Time Out	2:30 AM
Foxhole Pub & Grub 290			Permit Holder Ris		Risk Category			
Street Address			Alecia Sutton Low/Class II					
508 Broadway St				spection				
City/State ZIP Code			Routine Inspection					
Lincoln, IL	62656	noutile inspection						
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS								
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item				Pick factors are important prac	ticos o	or proce	dures identif	ind as the most

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 - N-repeat violatio	""			
Compliance Status COS						
Supervision						
1	In	Person in charge present, demonstrates knowledge, and performs duties				
2	N/A	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	In	Proper eating, tasting, drinking, or tobacco use				
7	In	No discharge from eyes, nose, and mouth				
		Preventing Contamination by Hands				
8	In	Hands clean and properly washed				
9	In	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				
COOD BETAIL						

Co	mpliance Status		cos	R				
Protection from Contamination								
15	ln .	Food separated and protected						
16	In	Food-contact surfaces; cleaned and sanitized						
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food						
	Ţ	ime/Temperature Control for Safety						
18	N/A	Proper cooking time and temperatures						
19	N/A	Proper reheating procedures for hot holding						
20	N/A	Proper cooling time and temperature						
21	N/A	Proper hot holding temperatures						
22	In	Proper cold holding temperatures						
23	In	Proper date marking and disposition						
24	ln	Time as a Public Health Control; procedures & records						
		Consumer Advisory						
25	N/A	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**

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		
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods	, v	,
	Food Temperature Control		
33	Proper cooling methods used; adequate equipment for temperature control		Ľ.
34	Plant food properly cooked for hot holding		ŝ
35	Approved thawing methods used		-
36	Thermometers provided & accurate	10	-
	Food Identification		
37	Food properly labeled; original container	4 0	
	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**

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Establishment: Foxhole Pub & Gru	b		Establishmer	nt #: 290	rage 2 01
—————————————————————————————————————	ate Was	te Water System: 🔀 Public	— : ☐ Private		
Sanitizer Type: Chlorine		PPM: 100	)	Heat:	
		TEMPERATURE OBS	ERVATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Units ≤	41				
Limes in bar fridge on top shelf	38				
		     DBSERVATIONS AND COR	DECTIVE ACTIONS	•	
Item					
Number	VIOIALIO	ns cited in this report must be o	corrected within the t	ime frames below.	
		No Violations note	d during inspection		
		NO VIOIALIONS HOLE	d during inspection	ı	
CFPM Verification (name, expiration)	on date, ID#):	:			
N/A					
HACCP Topic: Discussed routine c	leaning sched	lule and sanitizer used in est	ablishment.		
Joh Mhr		Dec 27,)2022 text h	ere		
Person in Charge (Signature)		 Date			
Obliber		Follow-up:	Yes 🔀 No (Check or	ne) <b>Follow-up Date:</b> N/A	