

Food Establishment Inspection Report

Local Health Department Name and Address Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317		No. of Risk Factor/Intervention Violations 0	Date 09/29/2022
Establishment The Korner Cafe		No. of Repeat Risk Factor/Intervention Violations 0	Time In 8:20AM
License/Permit # 267		Permit Holder Samantha Underwood	Time Out 9:00AM
Street Address 151 Macon St.		Risk Category High/Class I	
City/State Latham, IL		Purpose of Inspection Routine Inspection	
ZIP Code 62543			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<p>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</p>	<p>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.</p>
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Compliance 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	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	

Compliance Status		COS	R
Protection from Contamination			
15	In	Food separated and protected	
16	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	In	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

<p>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</p>			
Compliance Status		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	
35		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	
42		Washing fruits and vegetables	

Compliance Status		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

Establishment: The Korner Cafe

Establishment #: 267

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine

PPM: 100

Heat:

TEMPERATURE OBSERVATIONS

Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
All Temps in °F							
All Cold Holding Units ≤	41		Potato salad, white fridge in				
			the storage room	36			
Hamburger patty, bottom shelf							
of kitchen fridge	40		Cup of tarter sauce, glass front				
			fridge in serving area	37			
Sausage gravy, black fridge							
in storage room	40						

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#):

Sam Underwood present,
info on file

HACCP Topic: Discussed date marking procedures used in establishment

Samantha Hummel

Person in Charge (Signature)

Sep 29, 2022

Date _____

Inspector (Signature)

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: N/A