Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Pick Easter/Intervention Violations O Date 11/2							3
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						Time In 10:1						0 AM		
Establishment License/Permit #						No. of Repeat Risk Factor/Intervention Violations 0 Time Out 10						10:3	0 AM	
Licolnland Catering 271						Permit Holder Risk Category								\neg
Street Address						Nicholas Bay High / Class I								
21 S Lake Rd						Purpose of Inspection								
City/State ZIP Code						Pouting Inspection								
Lincoln							Routine Inspection							
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i														
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a							pplicable Risk factors are important practices or procedures identified							
Mark "X" in appropriate box for COS and/or R								prevalent contributing factors of foodborne illness or injury. Publ interventions are control measures to prevent foodborne illness						
COS =corrected on-site during inspection R =repeat violation													i ingui	у.
Compliance Status COS								R Compliance Status C						R
Supervision									Protection from	m Contamina	ntion			
1	In	Person in charge present, demonstra performs duties	tes knowledge, and				15	In	Food separated an	nd protected				
2	In	Certified Food Protection Manager (FDM)			┥╽	16	In	Food-contact surf					
2		Employee Health					17	In	Proper disposition		reviously served	d,		
		Management, food employee and co	nditional employee.			Time/Temperature Control for Safety								
3	In	knowledge, responsibilities and repo					18	N/O	Proper cooking tir					
4	In	Proper use of restriction and exclusion	n]	19	N/0	Proper reheating					
5	In	Procedures for responding to vomiting	ng and diarrheal events]	20	N/O	Proper cooling tim					
		Good Hygienic Practices			-		21	N/O	Proper hot holding					
6	In	Proper eating, tasting, drinking, or to	bacco use				22	In	Proper cold holdir	ng temperature	S			
7	In	No discharge from eyes, nose, and m	outh				23	In	Proper date marki	ing and disposi	tion			
		Preventing Contamination by	Hands			[24	N/A	Time as a Public H	ealth Control;	procedures & re	cords		
8	In	Hands clean and properly washed							Consume	er Advisory			I	
9	N/O	No bare hand contact with RTE food					25	N/A	Consumer advisor	y provided for	raw/undercook	ed food		
10	In Adequate handwashing sinks properly supplied and accessible								Highly Suscept	tible Populat	ions			
		Approved Source	,,	·		1	26	N/A	Pasteurized foods	used; prohibit	ed foods not off	ered		
11	In	Food obtained from approved source	2			1		Foo	d/Color Additive	s and Toxic S	ubstances			
12	N/O	Food received at proper temperature	2			1	27	In	Food additives: ap	proved and pr	operly used			
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances p	properly identif	fied, stored, and	used		
14	N/A	Required records available: shellstoc	k tags, parasite			1			nformance with					
		destruction					29	N/A	Compliance with v	variance/specia	lized process/H	ACCP		
						_		CTICES						
		Good Retail Practices are prevent												
IV	iark "X" in box if hur	nbered item is not in compliance	Mark "X" in appro	·		tor	COS	and/or R COS=0	corrected on-site	during inspe	ction R=re	epeat vi		_
COS R						Proper Use of Utensils							COS	R
30	Pasteurized eggs u			1		43	2	In-use utensils: prope		OI OTENSIIS			1	
31		Pasteurized eggs used where required Water and ice from approved source			-	43	+ +	In-use utensils: properly stored Utensils, equipment & linens: properly stored, dried, & handled						
32		Variance obtained for specialized processing methods			\neg	45 Single-use/single-service articles: properly stored and used								
Food Temperature Control						45 Single-use/single-service and used 46 Gloves used properly								
33	Proper cooling met	thods used; adequate equipment for t						,	Utensils, Equipm	ent and Ven	ding			
34		Plant food properly cooked for hot holding				47	,	Food and non-food co			•	structed,		
35	Approved thawing	Approved thawing methods used						and used						
36 Thermometers provided & accurate					1	48 49	+ +	Warewashing facilitie		inea, & used; t	est strips			
Food Identification							,	Non-food contact sur						
37 Food properly labeled; original container						Physical Facilities								
	Prevention of Food Contamination					50 Hot and cold water available; adequate pressure 51 Plumbing installed; proper backflow devices								
38	Insects, rodents, and animals not present					51								
39	Contamination prevented during food preparation, storage and display					53	+ +	-			ed			-
40	Personal cleanliness					54								
41						55	+	Physical facilities installed, maintained, and clean						-
42 Washing fruits and vegetables						56	+ +	Adequate ventilation			ed			
										Training				
						57	/	All food employees ha	ave food handler tr	aining				
							3	Allergen training as re	quired					

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Establishm	nent: Licolnland Caterin	g	Establishment #: 271									
Water Sup	oply: 🛛 Public 🗌 Pr	ivate Waste V	Vater System: 🔀 Public 🗌	Private								
Sanitizer T	ype: Chlorine		PPM: 100		Heat:							
	· · · · · · · · · · · · · · · · · · ·		TEMPERATURE OBSERVA		·							
	Item/Location	Tomp	Item/Location	Temp	Item/Location	Tomp						
				Temp		Temp						
	All Temps in °F											
All C	old Holding Units ≤	41										
	Mayo, in fridge	41										
Shred	ded cheese, in fridge	41										
		OBS	ERVATIONS AND CORRECT	IVE ACTIONS								
ltem		Violations c	ited in this report must be correc	ted within the t	ime frames below.							
Number												
			No violations cited during r	outine inspect	ion.							
	I rification (name, expirat	ion date ID#):										
CFFIVI VEI	Nicholas Bay											
	21802420											
Ex	p: 02/14/2027											
НАССР То	opic: Discussed proper s	torage of toxic su	bstances.									
1/												
N=	BN		Nov 21, 2023									
Person in Cha	arge (Signature)		Date									
M-	1 0 0	K										
" 1/9	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Follow-up: 🗌 Yes	🔀 No 🛛 (Check on	e) Follow-up Date: N/A							

Inspector (Signature)

IOCI 17-356 DC