Food Establishment Inspection Report

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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 No. of Repeat Risk Factor/Intervention Violations		4	Date	12/06/2023
					7	Time In	10:45 AM
					0		
Establishment License/Pe		ermit #	No. of Repeat Risk Factory Intervention Violations		U	Time Out	12:00PM
Mt Pulaski High School 327			Permit Holder Risk Category				
Street Address			Mt Pulaski CUD #23		High / Class I		
206 S Spring St.	Purpose of Inspection						
City/State ZIP Cod			Routine Inspection				
Mt Pulaski, IL	62548	Notifie inspection					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

Mark "X" in appropriate box for COS and/or R

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.

		Mark X in appropriate box for cos and, or it						
	COS:	corrected on-site during inspection R=repeat violatio	n					
Со	mpliance Status		cos	R				
Supervision								
1	In	Person in charge present, demonstrates knowledge, and performs duties						
2	Out	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	Out	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						
	N/A	Required records available: shellstock tags, parasite						

Compliance Status							
	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	ln	Proper hot holding temperatures					
22	Out	Proper cold holding temperatures	X				
23	Out	Proper date marking and disposition	Х				
24	N/A	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	ln	Food additives: approved and properly used					
28	ln	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 Variance obtained for specialized processing methods **Food Temperature Control** Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used 36 Thermometers provided & accurate **Food Identification** Food properly labeled; original container **Prevention of Food Contamination** Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage and display 40 Personal cleanliness Wiping cloths: properly used and stored

		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							

Washing fruits and vegetables

Food Establishment Inspection Report

Establishm	nent: Mt Pulaski High Sch	ool		E	Establishme	nt #: 327	Page 2 of 3	
Water Sup			Vast	e Water System: 🛛 Public 🗌 P	rivate			
Sanitizer Type: Heat, Chlorine PPM: 100						Heat:		
				TEMPERATURE OBSERVAT	IONS			
	Item/Location	Temp		Item/Location	Temp	Item/Location	Temp	
All Temps in ∘F								
All C	old Holding Units ≤	41		Mashed potatoes, in warming	175			
				table				
Chicken	patty, out of the oven	183						
				Gravy, in hot holding cabinet	181			
Apple	esauce, in salad bar	47						
Cottag	e cheese, in salad bar	45		Pizza sauce, in walk-in cooler	43			
Chees	e shreds, in salad bar	47		Butter, in walk-in cooler	45			
Chopp	oed ham, in salad bar	50		Sour cream, in walk-in cooler	43			
			0	BSERVATIONS AND CORRECTIN	/E ACTION	S		
Item Number		Viol	atior	s cited in this report must be correcte	d within the	time frames below.		
2	The food establishme	nt is not u	nde	r the operational supervision of a (Certified Foo	od Service Sanitation Manager tha	t is present	
	at appropriate ti	mes. Prov	ide a	an adequate number of staff with a	approved tr	aining. Reference section 750.540	in the	
				Food Code. To be corrected by nex	kt Routine Ir	nspection.		
8	Employee char	nged glove	es wi	thout washing hands between tas	ks. Food em	ployee must practice good hygien	e by	
	properly washing hands when changing tasks. Reference section 2-301.14 in the Food Code. Discussed proper glove usage							
				procedure, to be corrected by nex	t Routine In	spection.		
22				r stations is > 41°F. Time/Tempera		<u> </u>		
	less. Reviewed cold holding requirements and discussed HACCP concept with employee and person in charge. Inade							
Reference section 3-501.16(A)(2) and (B) in the Food Code. COS, Inadequately held food was rapidly chilled to less than 41°						than 41°F.		
23	Date marking is not o	n multiple	e ite	ms in the walk-in cooler. Food sha	II be clearly	marked, at the time the original co	ontainer is	
	opened in a food est	ablishmer	nt ar	d if the food is held for more than	24 hours, to	o indicate the date or day by which	h the food	
	shall be consumed	on the pr	emi	ses, sold, or discarded, when held	at a temper	ature of 41 deg F or less for a max	imum of	
	7 days (not excee	eding a ma	anuf	acturer's use-by date). Discussed a	applicable se	ections of 3-501.17 and reviewed I	HACCP	
	concepts wit	h person	in cł	narge. Reference section 3-501.17	in the Food	Code. COS, date marking correcte	d.	
CFPM Ver	rification (name, expirati	on date, II	D#):					
	None Present							
HACCP To	opic: Discussed proper co	old holding	g ter	nperature and procedure				
\bigcap	le 1/2	1,						
In	XXI ISYP	<i>/</i>		Dec 6, 2023				
Per on in Cha	arge (Signature)	,		Date				
Me	arge (Signature)	ly		Follow-up: 🗌 Yes 🔀	No (Check o	ne) Follow-up Date: N/A		