

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	11/28/2023
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:15 AM
Establishment Mt Pulaski Grade School	License/Permit # 326	Permit Holder Mt Pulaski CUD #23	Risk Category High / Class III		
Street Address 119 N. Garden St.		Purpose of Inspection Routine Inspection			
City/State Mt Pulaski, IL	ZIP Code 62548				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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.

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	N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	In	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		
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		

		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: Mt Pulaski Grade School

Establishment #: 326

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Quat

PPM: 200



Heat: _____

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
All Temps in °F							
All Cold Holding Units ≤	41		Tomato slices, in double-door fridge in kitchen	39			
Chocolate sauce, in walk-in cooler	38		Mandrin oranges, in double-door fridge in kitchen	41			
Strawberry yogurt, in walk-in cooler	39						

OBSERVATIONS AND CORRECTIVE ACTIONS	
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Item Number	Violations cited in this report must be corrected within the time frames below.
	No violations cited during routine inspection.

CFPM Verification (name, expiration date, ID#):			
Colton Brosamer 23304841 Exp: 2/23/28	Diane Birge, on file		
HACCP Topic: Discussed proper date marking and glove usage.			

 _____ Person in Charge (Signature)	Nov 28, 2023 _____ Date	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check one) Follow-up Date: N/A
 _____ Inspector (Signature)		