Food Establishment Inspection Report

Page 1 of 2

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		U F	Date	04/10/2023		
Logan County Department of Public Health							
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					1	Time In	9:30 AM
			No. of Repeat Risk Factor/Intervention Violations (Time Out	10:15 AM
Establishment	License/P	ermit #				Time Out	10.13 AIVI
Northwest School 291			Permit Holder	Risk Cate		gory	
			LESD #27 High/Class I				
Street Address			LL3D #27			1/ Class 1	
506 11th St	Purpose of Inspection						
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656							

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.

	CO3=	corrected on-site during inspection k =repeat violatio	''		
Со	mpliance 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			
		GOOD	DET		

				_		
Co	mpliance 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				
	Ţ	ime/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	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				
	Co	nformance 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		e		
34		Plant food properly cooked for hot holding		<i>-</i>		
35		Approved thawing methods used	3 5			
36		Thermometers provided & accurate	30 - 10	7:		
		Food Identification				
37		Food properly labeled; original container				
	_	Prevention of Food Contamination	0			
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		

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Page 2 of 2

Establishment: Northwest Sch	nool		Establishment a	#: 291	Page 2 of 4
Water Supply: Public	Private Waste	e Water System: 🛛 Public 🗌	Private		
Sanitizer Type: Quat		PPM: 200		Heat:	
		TEMPERATURE OBSERVA	TIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Units ≤	41				
Pickles on middle shelf in do	uble				
door cooler on right	39				
Sliced cheese in double do	or				
cooler on left side	38				
Stawberries on middle shel	fin				
walk in cooler	39				
	OI	BSERVATIONS AND CORRECT	IVE ACTIONS		
Item Number	Violation	s cited in this report must be correct	ted within the tim	e frames below.	
		No Violations noted dur	ing inspection		
CFPM Verification (name, exp	oiration date, ID#):				
Denise Present- On File					
HACCP Topic: Discussed labe	ling and storage or	toxic materials in establishment		<u> </u>	
A 9 0 0					
June Suller	an .	Apr 10, 2023			
Person in Charge (Signature)		Date			
Taku		Follow-up:	☑ No (Check one)	Follow-up Date: N/A	
Inspector (Signature)				Total up batter 177	