## Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address							No. of Risk Factor /Intervention Violations 0 Date 05/13								
Logan County Department of Public Health												10:4	5am	-	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Ponest Pick Easter/Intervention Violations						9:50		-	
Establishment License/Permit # Northwest School 291						Permit Holder Risk Category								-	
Street Address						LESD #27 High/Class I									
506 11th St.							Purpose of Inspection								
City	/State		ZIP Code		- · · ·										
Lincoln, IL 62656							Routine Inspection								
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
	Circle designation	ed compliance status (IN_OUT_N/	item												
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered IN=in compliance OUT=not in compliance N/O=not observed N/A=not								<b>Bick factors</b> are important practices or procedures identified a							
Mark "X" in appropriate box for COS and/or R								1.	ibuting factors of re control measu		• •				
COS=corrected on-site during inspection R=repeat violation									e control measu					y.	
Compliance Status COS							Com	pliance Status					cos	R	
Supervision						Protection from Contamination									
1	In	Person in charge present, demonstration performs duties	tes knowledge, and				15	In	Food separated ar	•	1			_	
2	In	Certified Food Protection Manager (C	(FPM)	+	-		16	In	Food-contact surfa	,			_	_	
		Employee Health		-		11	17	In	Proper disposition reconditioned and		neviously served	,			
3	In	Management, food employee and co				Time/Temperature Control for Safety									
_		knowledge, responsibilities and report		-			18	In	Proper cooking tin	ne and temper	atures				
4	In	Proper use of restriction and exclusio		-			19	N/A	Proper reheating	procedures for	hot holding				
5	In	Procedures for responding to vomitin	g and diarrheal events		_		20	N/A	Proper cooling tim	e and tempera	ature				
		Good Hygienic Practices		1			21	N/O	Proper hot holding	g temperatures	5				
6	In	Proper eating, tasting, drinking, or to		-			22	In	Proper cold holdin	g temperature	25				
7	In	No discharge from eyes, nose, and m					23	In	Proper date marki	ng and disposi	tion				
8	In	Preventing Contamination by I	Hands	1 1			24	N/A	Time as a Public H	ealth Control;	procedures & re	cords		_	
		Hands clean and properly washed No bare hand contact with RTE food	or a pre-approved		-					er Advisory					
9	In	alternative procedure properly allow					25	N/A	Consumer advisor			d food		_	
10	In	Adequate handwashing sinks proper	y supplied and accessible	2					Highly Suscept	•		. 1		_	
		Approved Source					26	In	Pasteurized foods			ered		-	
11	In	Food obtained from approved source	!				27		d/Color Additive				- 1	_	
12	N/O	Food received at proper temperature					27 28	In In	Food additives: ap Toxic substances p			usad		_	
13	In	Food in good condition, safe, and unadulterated					20		nformance with			useu			
14	N/A Required records available: shellstock tags, parasite destruction						29	N/A	Compliance with v	••		ACCP	1	-	
			6001	) RF1	ΓΔΙΙ	P		CTICES				1		_	
		Good Retail Practices are prevent				_		-	rals and physical	objects into	foods				
м		nbered item is not in compliance	Mark "X" in appro						corrected on-site	•		peat vio	olatio	n	
COS R						COS F							R		
Safe Food and Water						Proper Use of Utensils									
30	Pasteurized eggs used where required					43 In-use utensils: properly stored									
31	Water and ice from	Water and ice from approved source				44 Utensils, equipment & linens: properly stored, dried, & handled								_	
32						45 Single-use/single-service articles: properly stored and used									
Food Temperature Control						46 Gloves used properly								_	
33		Proper cooling methods used; adequate equipment for temperature control							Utensils, Equipm		-			_	
34		Plant food properly cooked for hot holding			-	47	'	Food and non-food co and used	ontact surfaces clea	nable, properly	y designed, cons	tructed,			
35		Approved thawing methods used			-	48		Warewashing facilities	s: installed, maintai	ned, & used; t	est strips				
36 Thermometers provided & accurate						49		Non-food contact sur	faces clean						
Food Identification								-	Physical	Facilities					
37	7 Food properly labeled; original container  Prevention of Food Contamination					50		Hot and cold water av	ailable; adequate p	oressure					
38	T T T					51	+ +	Plumbing installed; pr	oper backflow devi	ces					
39	Contamination prevented during food preparation, storage and display				-	52 Sewage and waste water properly disposed									
40	Personal cleanliness				-	53         Toilet facilities: properly constructed, supplied, & cleaned						_			
41						54 Garbage & refuse properly disposed; facilities maintained									
42 Washing fruits and vegetables						55 56	+ +	Physical facilities insta				-	_		
							2	Adequate ventilation			20			_	
						57	, 1	All food employees ha	Employee			1	- 1	_	
							-			aniii 16		-		$\dashv$	
								Allergen training as re	quieu				_		

## **Food Establishment Inspection Report**

Establishm	nent: Northwest School			Establishmen	Establishment #: 291						
Water Sup	oply: 🛛 Public 🗌 Priv	vate Wa	ste Water System: 🔀 Publi	c 🗌 Private							
Sanitizer T	ype: Chlorine		PPM: <u>10</u>	0	Heat:						
			TEMPERATURE OBS	ERVATIONS							
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
	All Temps in ∘F		Tarter Sauce, R side of w	valk-in 40							
All C	old Holding Units ≤	41									
			Milk Cooler	39							
Ranch,	middle rack of kitchen	38									
	fridge										
	ticks on roller rack in	30									
	walk-in cooler										
ltem Number											
Number											
			No Violations Note	ed During Inspection							
-											
						<u> </u>					
CFPM Ver	rification (name, expirati										
	ElizabethRahn 21392098	Sr	nirley Ritchhart 21542069								
E	Exp: 09/27/2022	E	kp:01/26/2024								
НАССР То	ppic: Discussed food a	llergen awa	ireness								
٩	R.J		May 13, 2019								
<u>بحجحر</u> Person in Ch	arge (Signature)		Date								
1	Λ										
	yti		Follow-up:	Yes 🔀 No (Check on	e) Follow-up Date: May 13, 20	)19					
Inspector (Si	gnature)										

Page 2 of 2