

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 05/22/2019
Establishment OK Tavern		No. of Repeat Risk Factor/Intervention Violations 0	Time In 2:50pm
License/Permit # 292		Permit Holder Norma Edwards	Time Out 3:20pm
Street Address 1215 N McLean St.		Risk Category Low/Class III	
City/State Lincoln, IL		Purpose of Inspection Routine Inspection	
ZIP Code 62656			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<p>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</p>	<p>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.</p>
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Compliance Status		COS	R
Supervision			
1	In		
2	N/A		
Employee Health			
3	In		
4	In		
5	In		
Good Hygienic Practices			
6	In		
7	In		
Preventing Contamination by Hands			
8	In		
9	N/O		
10	In		
Approved Source			
11	In		
12	N/A		
13	In		
14	N/A		
Protection from Contamination			
15	N/A		
16	In		
17	In		
Time/Temperature Control for Safety			
18	N/A		
19	N/A		
20	N/A		
21	N/A		
22	In		
23	In		
24	N/A		
Consumer Advisory			
25	N/A		
Highly Susceptible Populations			
26	N/A		
Food/Color Additives and Toxic Substances			
27	N/A		
28	In		
Conformance with Approved Procedures			
29	N/A		

GOOD RETAIL PRACTICES

<p>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</p>			
		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	X 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: OK Tavern

Establishment #: 292

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Quat

PPM: 200

Heat:

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#):

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HACCP Topic: Discussed cleaning schedule

Brian Edwards

Person in Charge (Signature)

May 22, 2019

Date _____

Director (Signature)

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: N/A