## **Food Establishment Inspection Report**

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|                                                                   |           |                   |                                                     |                                            |         |         |            | rage 1 01 2 |
|-------------------------------------------------------------------|-----------|-------------------|-----------------------------------------------------|--------------------------------------------|---------|---------|------------|-------------|
| Local Health Department Name and Address                          |           |                   |                                                     | No. of Risk Factor/Intervention Violations |         | 0       | Date       | 07/05/2023  |
| Logan County Department of Public Health                          |           |                   |                                                     |                                            |         | Time In | 1:40PM     |             |
| 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 |           |                   | No. of Repeat Risk Factor/Intervention Violations ( |                                            |         |         | Tillie III | 1.40F IVI   |
| Establishment License/Permit #                                    |           |                   |                                                     |                                            |         | 0       | Time Out   | 2:30PM      |
| The OK Tavern 292                                                 |           |                   | Permit Holder Risk Ca                               |                                            | itegory |         |            |             |
| Street Address                                                    |           |                   | Michael Edwards Medium/Class II                     |                                            |         |         |            |             |
| 1215 N. McLean 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) 4 | for oach numbered | itom                                                |                                            |         |         |            |             |

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.

|                   | =corrected on-site during inspection                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|-------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Compliance Status |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Supervision       |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| ln                | Person in charge present, demonstrates knowledge, and performs duties                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Certified Food Protection Manager (CFPM)                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| Employee Health   |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Management, food employee and conditional employee; knowledge, responsibilities and reporting |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Proper use of restriction and exclusion                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Procedures for responding to vomiting and diarrheal events                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                   | Good Hygienic Practices                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Proper eating, tasting, drinking, or tobacco use                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | No discharge from eyes, nose, and mouth                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                   | Preventing Contamination by Hands                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| N/O               | Hands clean and properly washed                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| N/O               | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Adequate handwashing sinks properly supplied and accessible                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                   | Approved Source                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Food obtained from approved source                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| N/O               | Food received at proper temperature                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| In                | Food in good condition, safe, and unadulterated                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| N/O               | Required records available: shellstock tags, parasite destruction                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
|                   | In I                                                      | Supervision  In Person in charge present, demonstrates knowledge, and performs duties  In Certified Food Protection Manager (CFPM)  Employee Health  In Management, food employee and conditional employee; knowledge, responsibilities and reporting  In Proper use of restriction and exclusion  In Procedures for responding to vomiting and diarrheal events  Good Hygienic Practices  In Proper eating, tasting, drinking, or tobacco use  In No discharge from eyes, nose, and mouth  Preventing Contamination by Hands  N/O Hands clean and properly washed  N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed  In Adequate handwashing sinks properly supplied and accessible  Approved Source  In Food obtained from approved source  N/O Food received at proper temperature  In Food in good condition, safe, and unadulterated  Required records available: shellstock tags, parasite | Supervision  In Person in charge present, demonstrates knowledge, and performs duties  In Certified Food Protection Manager (CFPM)  Employee Health  In Management, food employee and conditional employee; knowledge, responsibilities and reporting  In Proper use of restriction and exclusion  In Procedures for responding to vomiting and diarrheal events  Good Hygienic Practices  In Proper eating, tasting, drinking, or tobacco use  In No discharge from eyes, nose, and mouth  Preventing Contamination by Hands  N/O Hands clean and properly washed  N/O Soare hand contact with RTE food or a pre-approved alternative procedure properly allowed  In Adequate handwashing sinks properly supplied and accessible  Approved Source  In Food obtained from approved source  N/O Food received at proper temperature  In Food in good condition, safe, and unadulterated  Required records available: shellstock tags, parasite |  |  |  |

| Compliance Status COS R                   |       |                                                                                  |  |  |  |  |  |
|-------------------------------------------|-------|----------------------------------------------------------------------------------|--|--|--|--|--|
| Protection from Contamination             |       |                                                                                  |  |  |  |  |  |
| 15                                        | ln ln | 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/A   | Proper reheating procedures for hot holding                                      |  |  |  |  |  |
| 20                                        | N/A   | Proper cooling time and temperature                                              |  |  |  |  |  |
| 21                                        | N/A   | Proper hot holding temperatures                                                  |  |  |  |  |  |
| 22                                        | In    | Proper cold holding temperatures                                                 |  |  |  |  |  |
| 23                                        | N/A   | 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                           |  |  |  |  |  |
| 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                                    |      |     | 4 |
| 31   | Water and ice from approved source                                      |      |     | 4 |
| 32   | Variance obtained for specialized processing methods                    |      | , , | 4 |
|      | Food Temperature Control                                                |      |     | 4 |
| 33   | Proper cooling methods used; adequate equipment for temperature control |      | r   |   |
| 34   | Plant food properly cooked for hot holding                              |      |     | 4 |
| 35   | Approved thawing methods used                                           |      |     | 4 |
| 36   | Thermometers provided & accurate                                        | 10   |     | 4 |
|      | Food Identification                                                     |      |     | 4 |
| 37   | Food properly labeled; original container                               | A 10 |     | 5 |
| - 87 | Prevention of Food Contamination                                        |      |     | 5 |
| 38   | Insects, rodents, and animals not present                               |      |     | 5 |
| 39   | Contamination prevented during food preparation, storage and display    |      |     | 5 |
| 40   | Personal cleanliness                                                    |      |     | _ |
| 41   | Wiping cloths: properly used and stored                                 |      |     | 5 |
| 42   | Washing fruits and vegetables                                           |      |     | 5 |

|      |                                                                                        | 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**

|                              |                              |                |                                       |                  |                                 | Page 2        |
|------------------------------|------------------------------|----------------|---------------------------------------|------------------|---------------------------------|---------------|
|                              | ment: The OK Tavern          |                | Establishmen                          | t #: 292         |                                 |               |
| Water Sup                    | pply: 🛛 Public 🗌 Priv        | ate Waste      | e Water System: 🛛 Public 🗌            | Private          |                                 |               |
| Sanitizer 1                  | Type: Quat                   |                | PPM: 200                              |                  | Heat:                           |               |
|                              |                              |                | TEMPERATURE OBSERVA                   | TIONS            |                                 |               |
|                              | Item/Location                | Temp           | Item/Location                         | Temp             | Item/Location                   | Temp          |
|                              | All Temps in ∘F              |                |                                       |                  |                                 |               |
| All C                        | Cold Holding Units ≤         | 41             |                                       |                  |                                 |               |
| Hea                          | vy Whipping cream,           | 37             |                                       |                  |                                 |               |
| R side of                    | f beer cooler behind bar     |                |                                       |                  |                                 |               |
| Spray k                      | outter in walk-in cooler     | 37             |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              | OF             | SSERVATIONS AND CORRECT               | IVE ACTIONS      |                                 |               |
| Item<br>Number               |                              | Violation      | s cited in this report must be correc | ed within the ti | me frames below.                |               |
| 50                           | Handsink behind bar          |                | out a proper hot water supply. H      |                  |                                 | icity to meet |
|                              |                              |                | ut the facility at all times of oper  |                  |                                 |               |
|                              | *                            |                | water at all times. Reference se      |                  |                                 |               |
|                              |                              | t              | o ensure hot water is adequately      | supplied to h    | and sink.                       |               |
|                              |                              |                |                                       |                  |                                 |               |
| 55                           | <u> </u>                     |                | -between use. Mops shall be pla       |                  |                                 |               |
|                              | walls, equipment, or         | supplies. Refe | rence section 6-501.16 of the Fo      | od Code. To b    | e corrected by the Next Routine | Inspection.   |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
|                              |                              |                |                                       |                  |                                 |               |
| CFPM Ve                      | rification (name, expiration | on date, ID#): |                                       |                  |                                 |               |
| Sar                          | mantha Maxheimer<br>18608428 |                |                                       |                  |                                 |               |
|                              | Exp: 11/14/2024              |                |                                       |                  |                                 |               |
| HACCP To                     | opic: Discussed sanitizer    | and concentra  | tion used in establishment.           |                  |                                 |               |
|                              | _                            |                |                                       |                  |                                 |               |
| Person in Charge (Signature) |                              |                | Jul 5, 2023                           |                  |                                 |               |
| Person in Ch                 | Person in Charge (Signature) |                | Date                                  |                  |                                 |               |
| $\int_{\infty}$              | W.                           |                | <b>Follow-up:</b> ⊠ Yes 「             | ☐ No (Check on   | e) Follow-up Date: Jul 17, 202  | 23            |
| Inspector (S                 | grature)                     |                |                                       |                  |                                 |               |