## **Food Establishment Inspection Report**

Page 1 of 2

								1 age 1 of 2
Local Health Department Name and Address			No. of Risk Factor/Intervention Violations  No. of Repeat Risk Factor/Intervention Violations		0	Date	09/07/2022	
Logan County Department of Public Health  109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317							Time In	1: 30 PM
					o I	Time Out	2:30 PM	
Establishment	License/	Permit #	· · · · ·	·				2:30 PIVI
Oasis Senior Center	232		Permit Holde	r	Risk Ca	ategory	•	
Street Address			Senior Citizens of Logan County, Inc. High/Class I					
2810 Woodlawn Rd.			Purpose of In	spection				
City/State ZIP Code			Routine Inspection					
Lincoln, IL 62656								
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS								
				7				

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.

	COS	corrected on-site during inspection <b>k</b> =repeat violatio	n			
Co	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		- 5		
		Preventing Contamination by Hands				
8	N/O	Hands clean and properly washed		- 3		
9	N/O	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	RET	ΔΙΙ		

Со	mpliance Status		cos	R			
Protection from Contamination							
15	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					
	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					
	Foo	d/Color Additives and Toxic Substances					
27	In	Food additives: approved and properly used					
28	In	Toxic substances properly identified, stored, and used					
	Со	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		c=5
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**

Page 2 of  $^{\,2}$ 

Establishm	nent: Oasis Senior Center			Establishment #:	232	Ü
Water Sup	pply: 🛛 Public 🗌 Priv	ate Waste	Water System: ⊠ Public □	Private		
Sanitizer T	Type: Chlorine		PPM: <u>100</u>	H	leat:	
			TEMPERATURE OBSERV	ATIONS		
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	All Temps in ∘F					
All C	old Holding Units ≤	41				
Butter	on top shelf in walk in					
	cooler	40				
Sliced or	nions on middle shelf in					
	walk in cooler	37				
Blackbe	erry pie on top shelf in					
double (	door fridge on left side	39				
		OBS	SERVATIONS AND CORREC	TIVE ACTIONS		
Item Number		Violations (	cited in this report must be corre	ected within the time f	rames below.	
			No violations were noted	during inspection.		
CFPM Ver	rification (name, expiration	on date, ID#):				
Krist	a Miller					
1254890						
3/4/2 HACCP To		eaning schedule	e and chemicals used in estab	lishment		
- 17 (CC) 10	price Discussed Foutifie Cl	Carming Schedule	s and enermedia daed in estab	normical t		
KI	Miller		Sep 7, 2022			
Person in Cha	arge (Signature)		Date	_		
PAR	MKoen					
	MI M W		Follow-up: Yes	⊠ No (Check one)	Follow-up Date: N/A	
nspector (Siยู	gnature)					