Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations				0	Date	12/20)/202	 2
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						-				Time In	9:4	5AM		
Establishment License/Permit #					No. of Repeat			eat Risk Factor/Intervention Violations		ons ()	Time Out	10:2	20AM	
Old Joe's 252					Permit Holder			der		Risk Catego	ry			_
_	Street Address					Nana Papesch Low/Class III								
209 S Sangamon St						Purpose of Inspection							_	
_	y/State		ZIP Code			- · · • •								
ı	coln, IL		62656			outi	ne in	spection						
		FOODBORNE II	LLNESS RISK FA	СТО	RS A	AN	D P	UBLIC HEAL	.TH INTERVEN	TIONS				
	IN=in compliance	ted compliance status (IN, OUT, N OUT=not in compliance N/C Mark "X" in appropriate box for corrected on-site during inspection	not observed N/ or COS and/or R	A =no			ble	prevalent o	rs are important practions of the contributing factors on the control meas	of foodborne	illness or inju	ry. Publi	c hea	lth
Co	mpliance Status			cos	S R		Con	npliance Status					cos	R
		Supervision							Protection fro	m Contamin	nation			
1	In	Person in charge present, demonstra	ates knowledge, and				15	In	Food separated a	and protected				
_		performs duties	CEDA4)	+	+	-	16	In	Food-contact sur	faces; cleaned	and sanitized			
2	N/A	Certified Food Protection Manager (Employee Health	CFPIM)				17	ln	Proper disposition reconditioned ar		previously serve	ed,		
		Management, food employee and co	onditional employee;	ì	Т				Time/Temperatu		or Safety			
3	In	knowledge, responsibilities and repo					18	N/A	Proper cooking t					
4	In	Proper use of restriction and exclusion	on				19	N/A	Proper reheating					
5	In	Procedures for responding to vomiti	ng and diarrheal events				20	N/A	Proper cooling ti					
		Good Hygienic Practices			.,		21	N/A	Proper hot holdi	· · · · · · · · · · · · · · · · · · ·				
6	In	Proper eating, tasting, drinking, or to	bacco use				22	In	Proper cold hold	- '		-		
7 In No discharge from eyes, nose, and mouth					- 4	23	In	Proper date mar	· ·					
Preventing Contamination by Hands							24	N/A	Time as a Public			records		
8	In	Hands clean and properly washed							-	ner Advisory	<u>/ </u>		.	
9	N/O	No bare hand contact with RTE food					25	N/A	Consumer adviso		r raw/undercoo	ked food		
10		alternative procedure properly allow		_	+				Highly Susce					
10	In	Adequate handwashing sinks proper	ly supplied and accessible	e	_		26	N/A	Pasteurized food	s used; prohibi	ited foods not o	ffered		
11		Approved Source	-	7	1	-			Food/Color Additiv	es and Toxic	Substances			
11 12	In N/O	Food obtained from approved source		- 1	+	-	27	In	Food additives: a	pproved and p	roperly used	1		
-	-	Food received at proper temperatur		+	+	-	28	In	Toxic substances	properly ident	tified, stored, an	d used		
13	In	Food in good condition, safe, and un		+	+	-			Conformance with	Approved P	rocedures		9 4	
14	N/A	Required records available: shellstoo destruction	k tags, parasite				29	N/A	Compliance with	variance/spec	ialized process/	HACCP		
		<u> </u>	GOO	D RE	ΤΔ	II F	PRA	CTICES	**		<u> </u>			
	∕lark "X" in box if nu	Good Retail Practices are prevent mbered item is not in compliance	tative measures to co	ntrol 1	the a	addit	tion c	of pathogens, ch	nemicals, and physic OS=corrected on-sit	-		repeat vi	iolatio	_
		Safe Food and Water		1					Proner Hs	e of Utensils				
30	Pasteurized eggs	used where required		T	- 3	4	3	In-use utensils: p	•	- J Williams				
31		m approved source		_	-	4	_		nent & linens: properly	stored dried S	& handled			-
32	_			-		4	_		e-service articles: prope			-		
32 Variance obtained for specialized processing methods				_	4	-	Gloves used pro		ny storea ana	uscu		-		
33 Proper cooling methods used; adequate equipment for temperature control			$\overline{}$	-	-	<u> </u>	Gloves asea proj	Utensils, Equip	ment and Ve	nding				
34 Plant food properly cooked for hot holding				-	=			Food and non-fo	od contact surfaces cle			structed		
35 Approved thawing methods used			-		4	1	and used			,	.5 40104			
36 Thermometers provided & accurate			-	\dashv	4	8	Warewashing fa	cilities: installed, maint	ained, & used;	test strips				
Food Identification						4	9	Non-food contac	ct surfaces clean					
37 Food properly labeled; original container								6	Physica	l Facilities				
/د	roou properly lab	· •	tion			5	0	Hot and cold wa	ter available; adequate	pressure				
30	Prevention of Food Contamination			т	\dashv	5	1	Plumbing installe	ed; proper backflow de	vices				
Insects, rodents, and animals not present			-+	-	5.	2	Sewage and was	te water properly dispo	sed					
39 Contamination prevented during food preparation, storage and display				- 1	- 1		_	[4

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55 X

Toilet facilities: properly constructed, supplied, & cleaned

Garbage & refuse properly disposed; facilities maintained

Adequate ventilation and lighting; designated areas used

Employee Training

Physical facilities installed, maintained, and clean

All food employees have food handler training

Allergen training as required

Personal cleanliness

Wiping cloths: properly used and stored

Washing fruits and vegetables

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Food Establishment Inspection Report

						Page 2						
Establishr	ment: Old Joe's			Establishmer	nt #: <u>252</u>							
Water Su	pply: 🛛 Public 🗌 Priv	vate Waste	e Water System: 🛛 Public 🗌	Private								
Sanitizer [·]	Type: Chlorine		PPM: 100		Heat:							
TEMPERATURE OBSERVATIONS												
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
All Temps in ∘F												
All Cold Holding Units ≤ 41												
Bloody Mary mix, L side beer												
cooler closest to storage room 39												
Pickled	okra, top shelf of cream											
	fridge	37										
		Ol	BSERVATIONS AND CORRECT	TIVE ACTIONS	5							
Item Number		Violation	s cited in this report must be corre	cted within the t	time frames below.							
55	Floors in disrepair. Some tiles cracked or missing. Raw wood not sealed. All physical facilities must be maintained in good repair.											
	Reference section 6-501.11 of the Food Code. To be corrected by the Next Routine Inspection.											
Neterence section a society of the room code. To be corrected by the Next Houtine inspection.												
CFPM Ve	erification (name, expirati	on date, ID#):										
	N/A											
НАССР Т	opic: Discussed cleaning	<u>।</u> and sanitizing ।	procedures and test strip usage	in establishme	ent.							
_6	red		Dec 20, 2022	-								
Person in Charge (Signature)			Date									
	land in		Follow-up: Yes	✓ No (Check or	ne) Follow-up Date: N/A							
Inspector	ignatura			MA (CITCON OI	Tollow-up Date:							