Food Establishment Inspection Report

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	04/26/2019					
Logan County Department of Public Health				Time In	10:30am					
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (2	17) 735-	2317	No. of Bounds Biol. Footon/Interneution Violetians							
Establishment License/Permit #			No. of Repeat Risk Factor/Intervention Violations		0	Time Out	11:10am			
Old Joe's 252			Permit Holder Risk C		ategory	•				
Street Address			Nana Papesch Low/Class III							
209 S Sangamon St	Purpose of Inspection									
City/State	-	ZIP Code	Routine Inspection							
Lincoln, IL 62656			Thousand Inspection							
FOODBORNE II	FOODBORNE II I NESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item 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.

	CO3-	-corrected on-site during inspection k =repeat violatio	11			
Compliance Status CC						
Supervision						
1	In	Person in charge present, demonstrates knowledge, and performs duties				
2	N/A	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				
	Preventing Contamination by Hands					
8	N/O	Hands clean and properly washed				
9	N/A	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/A	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 RETAIL						

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Co	mpliance Status		cos	R
		Protection from Contamination		
15	N/A	Food separated and protected		
16	N/A	Food-contact surfaces; cleaned and sanitized		
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food		
	ī	ime/Temperature Control for Safety		
18	N/A	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	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	N/A	Food additives: approved and properly used		
28	In	Toxic substances properly identified, stored, and used		
	Co	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
75	Safe Food and Water		×/
30	Pasteurized eggs used where required		
31	Water and ice from approved source	4	
32	Variance obtained for specialized processing methods		,
	Food Temperature Control		
33	Proper cooling methods used; adequate equipment for temperature control		e-
34	Plant food properly cooked for hot holding		ĺ
35	Approved thawing methods used	3 5	
36	Thermometers provided & accurate	10	/:
	Food Identification		
37	Food properly labeled; original container		
- 55	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		

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Establishr	ment: Old Joe's			Establishment	#: 252	
Water Sup	oply: 🛛 Public 🗌 Pr	ivate Wast	e Water System: 🔀 Public 🗌	Private		
Sanitizer 1	Type: Chlorine		PPM: <u>100</u>		Heat:	
			TEMPERATURE OBSERVA	ATIONS		
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	All Temps in ∘F					
All C	Cold Holding Units ≤	41				
Lime	juice in drink cooler	32				
			DOEDWATIONS AND CORRECT	TO A COTION C		
Item			BSERVATIONS AND CORRECT			
Number			ns cited in this report must be correc			
55	Floors in disrepair,		ked or missing. All physical facilit			ce Section
		6-501.11 (of the Food Code. To be correcte	d by the Next Ro	outine Inspection.	
_						
CFPM Ve	rification (name, expira	tion date, ID#):				
	N1/A					
	N/A					
HACCP To	opic: Discussed clean-u	o procedures fo	r vomit or diarrheal accidents		1	
	Diametolern)		Apr 26, 2019			
Person in Charge (Signature)			Date			
	٨					
	y) L		Follow-up: Yes	⊠ No (Check one)	Follow-up Date: N/A	
Inspector (S	ign/ature) 💙					