## Food Establishment Inspection Report

												Pag	je 1	
Local Health Department Name and Address						0. of	f Dicl	Eastar/Intonyantia	n Violations	0	Date	12/18	3/202	3
Logan County Department of Public Health						0. 01	b. of Risk Factor/Intervention Violations 0 Time In					9:45		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					N	a of Panast Pick Eastar/Intervention Violations								
Establishment License/Permit #						Permit Holder Risk Category					5 AIVI			
Olympia South Elementary School 347						Olympia CUSD #16 High / Class III								
Street Address						Purpose of Inspection								
103 NE 5th St City/State ZIP Code						· · · · · · · · · · · · · · · · · · ·								
	anta, IL		ZIP Code 61723		R	outir	ne In	spection						
Au	diitd, IL			~ ~ ~			_			<b>0</b> 110				
		FOODBORNE I	LLNESS RISK FA	CIO	RS	ANI	DP	UBLIC HEALTH	INTERVENT	ONS				
	Circle designate	ed compliance status (IN, OUT, N		mbere	ed ite	m		Pick factors or	o important practi	icos or proce	duros idontifi	iod as th	o mo	oct.
				/A=nc	ot app	olical	icable <b>Risk factors</b> are important practices or procedures identified as the m prevalent contributing factors of foodborne illness or injury. Public he							
Mark "X" in appropriate box for COS and/or R				ion			interventions are control measures to prevent foodborne illness or in							
		corrected on-site during inspection	on <b>R</b> =repeat violat	-										
Co	mpliance Status			CC	S R		Cor	npliance Status					COS	R
		Supervision							Protection fron		ition			
1	In	Person in charge present, demonstra performs duties	ates knowledge, and				15	In	Food separated an					<b> </b>
2	In	Certified Food Protection Manager (	CFPM)				16	In	Food-contact surfa					
_	Employee Health						17	In	reconditioned and	n of returned, previously served, d unsafe food				
		Management, food employee and co	onditional employee;					1	Time/Temperatur		r Safetv			-
3	In	knowledge, responsibilities and repo					18	N/O	Proper cooking tim		,	1		
4	In	Proper use of restriction and exclusi	on				19	N/O	Proper reheating p	· ·				
5	In	Procedures for responding to vomiti	ng and diarrheal events				20	N/O	Proper cooling time					
		Good Hygienic Practices	5				21	In	Proper hot holding					
6	In	Proper eating, tasting, drinking, or to	obacco use				22	ln	Proper cold holding					
7	In	No discharge from eyes, nose, and n	nouth				23	ln	Proper date markir					
		Preventing Contamination by	Hands				24	N/A	Time as a Public He			ecords		
8	In	Hands clean and properly washed					24	10/74		r Advisory		.00103		
9	N/O	No bare hand contact with RTE food	or a pre-approved				25	N/A	Consumer advisory	•	raw/undercook	red food		
9	N/O	alternative procedure properly allow	ved			_	25	N/A				eu ioou		
10	In	Adequate handwashing sinks proper	ly supplied and accessib	le			26	In	Highly Suscept Pasteurized foods	-		fored		
		Approved Source					20		d/Color Additives			ereu		<u> </u>
11	In	Food obtained from approved source	e			_	27	In	Food additives: ap					
12	N/O	Food received at proper temperatur	e				27	ln	Toxic substances p			hosub		
13	In	Food in good condition, safe, and un				_	20		onformance with A			lasca		
14	N/A	Required records available: shellstoo destruction	ck tags, parasite				29	N/A	Compliance with v					
		destruction	600		TA			CTICES	compliance with v	anance/specie		ACCF		<b></b>
		o 10 - 10 - 11						0010			<u> </u>			
		Good Retail Practices are preven							corrected on-site	-		epeat vi	olatio	n
Mark "X" in box if numbered item is not in compliance Mark "X" in appr				COS	R				corrected on-site	uuning inspe		spear vi	COS	1
		Safe Food and Water		003	IX.				Proper Use	of Litonsils			003	I.
30	Pastourized eggs u					43	2	In-use utensils: prop		or otensiis				
31	Pasteurized eggs used where required Water and ice from approved source					43	+	Utensils, equipment	-	ored dried &	handled			$\vdash$
32	Variance obtained for specialized processing methods					45		Single-use/single-ser						
52	Food Temperature Control					43	+	Gloves used properly		y stored and t	300			
22	Dranar cooling mat	•				40	<u>ار</u>	Gloves used property		ant and Van	ding			L
33		thods used; adequate equipment for	temperature control					Food and non-food c	Utensils, Equipmo		•	structed		-
34		y cooked for hot holding				47	7	and used	ontact surfaces clear	iable, properi	/ designed, cons	structea,		
35	Approved thawing					48	8	Warewashing facilitie	es: installed, maintai	ned, & used; t	est strips			
36	Thermometers pro					49	9	Non-food contact su	rfaces clean					
		Food Identification						•	Physical F	acilities				
37	Food properly labe	led; original container				50	2	Hot and cold water a	vailable; adequate p	ressure				
		Prevention of Food Contamina	ation			51	1	Plumbing installed; p	roper backflow device	ces				
38 Insects, rodents, and animals not present						52	2	Sewage and waste w						
39 Contamination prevented during food preparation, storage and display						53		Toilet facilities: prop			ed			
40	Personal cleanlines					54	+	Garbage & refuse pro						
41		perly used and stored				55	5	Physical facilities inst						
42	Washing fruits and	vegetables				56	-	Adequate ventilation			ed			<u> </u>
							-		Employee					
						57	7	All food employees h	ave food handler tra	ining				

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Allergen training as required

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						Page 2						
Establishm	nent: Olympia South Ele	ementary Scho	ool	Establishmen	Establishment #: 347							
Water Sup	oply: 🛛 Public 🗌 Pi	rivate Was	ste Water System: 🔀 Public	Private								
Sanitizer T	ype: Quat		PPM: 200		Heat:							
			TEMPERATURE OBSE	RVATIONS								
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
All Temps in °F												
All C	old Holding Units ≤	41										
			Waffles, in warming cabi	net 155								
Strin	g cheese, in walk-in	41										
	cooler		Milk cooler, ambient	37								
			temperature									
Waffles, in walk-in cooler		41										
			OBSERVATIONS AND CORR	ECTIVE ACTIONS	; ;							
Item		Violatio	ons cited in this report must be co	rrected within the ti	ime frames below							
Number		violatic										
			No violations cited duri	ng routine inspect	ion.							
CFPM Ver	rification (name, expira	tion date, ID#)	:									
1	Natasha Goggin		Diana Leindl	Jamie Furmar	ı							
24252330			22687872	21714452	_							
	Exp: 7/11/2028 ppic: Discussed cleaning		Exp: 9/28/27 kitchen.	Exp: 11/24/25								
$\bigwedge a^{-1}$	Beth Zm		D 40, 2022									
<u> </u>	<b>T</b>		Dec 18, 2023									
Person in Cha	arge (Signature)		Date									

Modelindadler

Follow-up Date: N/A

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