Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Bick Factor/Intervention Violations O Date 03/0						/2020)
Logan County Department of Public Health												-	30 AM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Panast Pick Easter/Intervention Violations							_	
Establishment License/Permit #												U AIVI		
Peggy's Place 207						Permit Holder Risk Category Peggy Payne High/Class I								
Street Address						Purpose of Inspection								_
110 Clinton St.														
City/State ZIP Code Lincoln, IL 62656							Routine Inspection							
Line	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
					יייט		INTERVENTIO	2112						
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i								Pick factors are important practices or procedures identified as t						st
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Mark "X" in appropriate box for COS and/or R								prevalent contributing factors of foodborne illness or injury. Public						
COS =corrected on-site during inspection R =repeat violation								interventions are control measures to prevent foodborne illness or inj						
Compliance Status COS							Com	npliance Status					COS	R
Supervision							R Compliance Status COS Protection from Contamination							i.
		Person in charge present, demonstra	tes knowledge, and			1	15	In	Food separated and p					_
1	In	performs duties	tes momeage, and				16	In	Food-contact surface		ind sanitized			
2	In	Certified Food Protection Manager (C	CFPM)						Proper disposition of	-		d,		_
		Employee Health					17	In	reconditioned and ur		,	- /		
3	In	Management, food employee and co				Time/Temperature Control for Safety								
_		knowledge, responsibilities and repo	-			- [18	In	Proper cooking time	and temper	atures			
4	In	Proper use of restriction and exclusion		_		19 N/O Proper reheating procedures for hot holding				hot holding				
5	In	Procedures for responding to vomitin					20	In	Proper cooling time a	and tempera	ature			
6	L.	Good Hygienic Practices				4	21	N/O	Proper hot holding te	emperatures	5			
6 7	In	Proper eating, tasting, drinking, or to		_		-	22	In	Proper cold holding t	emperature	2S			
/	In	No discharge from eyes, nose, and m				-	23	In	Proper date marking	and disposi	tion			
0	L.	Preventing Contamination by	Hands			-	24	N/A	Time as a Public Heal	th Control;	procedures & re	ecords		
8	In	Hands clean and properly washed No bare hand contact with RTE food	or a pro approved			+			Consumer /	Advisory				
9	In	alternative procedure properly allow					25	N/A	Consumer advisory p	rovided for	raw/undercook	ed food		
10						1			Highly Susceptib	le Populat	ions			
		Approved Source				1	26	N/A	Pasteurized foods use			fered		_
11	In	Food obtained from approved source	2			1			d/Color Additives a					
12	N/O	Food received at proper temperature	2			1	27	ln	Food additives: appro					
13	In	Food in good condition, safe, and una	adulterated			1	28	In	Toxic substances pro			used		_
14	N/A	Required records available: shellstoc	k tags, parasite]			nformance with Ap	-				
		destruction					29	N/A	Compliance with vari	ance/specia	lized process/H	АССР		_
								CTICES						
		Good Retail Practices are prevent												
Ma	ark "X" in box if nun	nbered item is not in compliance	Mark "X" in appro	·	_	for	· COS	and/or R COS=c	corrected on-site du	uring inspe	ction R=re	epeat vi		_
Costs Food and Water						Proper Use of Utensils							COS	к
20	Destourized eggs u	Safe Food and Water sed where required				43		In use utensils: prepa	-	Otensiis				
30 31					_	43	-	In-use utensils: proper	-	ad dried &	handled			
32	Water and ice from approved source Variance obtained for specialized processing methods				-	44 Utensils, equipment & linens: properly stored, dried, & handled 45 Single-use/single-service articles: properly stored and used								
	Food Temperature Control					45 Gloves used properly								-+
33 Proper cooling methods used; adequate equipment for temperature control							<u></u>		Utensils, Equipmen	t and Ven	ding			
34	Plant food properly cooked for hot holding							i	ontact surfaces cleanal		-	structed,	1	_
35	Approved thawing methods used					47	_	and used						
36		Thermometers provided & accurate				48	-	Warewashing facilities		d, & used; t	est strips			\square
Food Identification						49	9	Non-food contact surf						_
37 Food properly labeled; original container							-	1	Physical Fac					
	Prevention of Food Contamination					50	-		vailable; adequate pres					
38	Insects, rodents, and animals not present					51 Plumbing installed; proper backflow devices								
39	Contamination prevented during food preparation, storage and display					52 Sewage and waste water properly disposed						\square		
40	Personal cleanliness					53 Toilet facilities: properly constructed, supplied, & cleaned							-	
41	Wiping cloths: properly used and stored					54 Garbage & refuse properly disposed; facilities maintained						-		
42 Washing fruits and vegetables						55	-	Physical facilities insta			.d			
I I						56	ין	Adequate ventilation			:u			
						57	7	All food ampleuras -	Employee T	-				
						57	-	All food employees ha		шg				
							2	Allergen training as re	quileu					

Food Establishment Inspection Report

Establishm	ent: Peggy's Place			Establi	shment #: 20)7	1050 2012				
	oly: 🛛 Public 🗌 Priv	ate Wa	aste Water System: 🔀	Public 🗌 Private							
	vpe: Chlorine		_	M: 100	Heat:						
			TEMPERATURE	OBSERVATIONS							
I	tem/Location	Temp	Item/Locat			Item/Location	Temp				
A	All Temps in ∘F										
All Co	old Holding Units ≤	41									
Mixed	fruit, kitchen fridge	37									
Chili, k	back wall of walk-in	38									
Chicken sa	alad, walk-in near door	40									
	, cooling in walk-in	58									
Sou	p stock on stove	193									
			OBSERVATIONS AND	CORRECTIVE AC	TIONS						
ltem Number											
	No Violations Noted During Inspection										
CFPM Veri	fication (name, expiration	on date, ID	#):								
	Sheila Martin										
E	21657224 xp: 1/13/2025										
		nd holding	temperatures used in e	stablishment		I					

Dheien Martin Person in Charge (Signature)

Mar 4, 2020

Date

Inspector

Follow-up: Yes X No (Check one)

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