Local Health Department Name and Address Logan County Department of Public Health					No	No. of Risk Factor/Intervention Violations 0					Date 12/09/		/202	2022	
	109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317									Time In	8:15	AM.			
Establishment License/Permit #					No. of Repeat Risk Factor/Intervention Violations 0 Time Out					8:45	5 AM				
Quality Inn & Suites 248					Pe	Permit Holder Risk Category					ry				
Street Address					-					Medium/Class II					
28	1 Woodlawn Rd.				Pu	rpose of	f Insp	ection							
City/State ZIP Code					Routine Inspection										
Lin	coln IL		62656		ᆚ										
		FOODBORNE II	LLNESS RISK FA	СТС	RS A	ND P	UBL	IC HEAL	TH INTERVENT	IONS					
	IN=in compliance	ted compliance status (IN, OUT, N OUT=not in compliance N/O Mark "X" in appropriate box fo corrected on-site during inspectio	=not observed N/ or COS and/or R	A=no		n licable		prevalent co	are important prac ntributing factors o s are control measu	f foodborne	illness or injury	y. Public	c heal	lth	
Co	npliance Status			cc	S R	Con	nplian	ice Status					cos	R	
		Supervision		-		1			Protection fro		ation			_	
1	In	Person in charge present, demonstrate performs duties	ites knowledge, and			15		In	Food separated a	<u> </u>					
2	In	Certified Food Protection Manager (	CFPM)	+	1	16		In	Food-contact surf						
Employee Health						17		In	Proper disposition reconditioned and		previously served	1,			
3	In	Management, food employee and co	nditional employee;	Ť	Time/Temperature Control for Safety										
_		knowledge, responsibilities and repo		_	4	18		N/O	Proper cooking ti	ne and tempe	ratures			Г	
4	In	Proper use of restriction and exclusion		-	_	19		N/O	Proper reheating	procedures fo	r hot holding				
5	In	Procedures for responding to vomiting				20		N/O	Proper cooling tin	ne and tempe	rature				
		Good Hygienic Practices		-	1	21		N/O	Proper hot holdin	g temperature	es				
6	In	Proper eating, tasting, drinking, or to		+	+	22		In	Proper cold holdi	ng temperatur	res				
7	In	No discharge from eyes, nose, and m			1_	23		In	Proper date mark	ing and dispos	sition				
	I=	Preventing Contamination by	Hanos	1	1	24		N/A	Time as a Public H	lealth Control	; procedures & re	cords			
8	In	Hands clean and properly washed  No bare hand contact with RTE food	or a pro approved	+	+	-			Consum	er Advisory					
9	In	alternative procedure properly allow				25		N/A	Consumer advisor	· ·		ed food			
10	In	Adequate handwashing sinks proper	ly supplied and accessibl	e					Highly Suscep						
		Approved Source				26		N/A	Pasteurized foods			ered		Ш	
11	In	Food obtained from approved source	2						ood/Color Additive			7			
12	N/O	Food received at proper temperature	2			27		In .	Food additives: ap	<u> </u>					
13	In	Food in good condition, safe, and un	adulterated			28		In	Toxic substances	<u> </u>		usea		_	
14	N/A	Required records available: shellstoo	k tags, parasite		Ĭ	20			Compliance with	• •		ACCD.	- "		
		destruction	600		TAL	29    DDA	CTIC	N/A	Compliance with	variance/spec	ializeu processyn.	ACCP	-	-	
N	lark "X" in box if nu	Good Retail Practices are prevent imbered item is not in compliance	ative measures to co Mark "X" in appr	ntrol	the a		of pat	thogens, che	micals, and physica S=corrected on-site	-		peat vi	olatio	_	
		Safe Food and Water			v -		E)		Proper Use	of Utensils					
30 Pasteurized eggs used where required						43	In-us	se utensils: pr	operly stored						
31 Water and ice from approved source					44 Utensils, equipment & linens: properly stored, dried, & handled										
32 Variance obtained for specialized processing methods						45 Single-use/single-service articles: properly stored and used									
32	Turnamet extenses			_	_	46	-			<u> </u>				-	

			cos	R
		Safe Food and Water		
30		Pasteurized eggs used where required		
31		Water and ice from approved source	, c	
32		Variance obtained for specialized processing methods		,
		Food Temperature Control		
33		Proper cooling methods used; adequate equipment for temperature control		į.
34		Plant food properly cooked for hot holding		-
35		Approved thawing methods used		-
36		Thermometers provided & accurate	1	/:-
		Food Identification		
37	X	Food properly labeled; original container	X	
		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		

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## **Food Establishment Inspection Report**

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						rage 2 Ui					
Establishm	nent: Quality Inn & Suite	S		Establishment #: 248							
Water Sup	oply: 🛛 Public 🗌 Priv	vate Was	ste Water System: 🛛 Public 🗌	Private							
Sanitizer T	Type: Chlorine		PPM: <u>100</u>		Heat:						
			TEMPERATURE OBSERVA	TIONS							
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
All Temps in ∘F											
Syrup ii	n single door fridge on										
right side 40											
Butter i	n single door fridge on										
	left side	38									
			ODCEDVATIONS AND CORDECT	N/F ACTION(							
Item			OBSERVATIONS AND CORRECT								
Number			ons cited in this report must be correct								
37	Food items in fridge in containers without label. Food storage containers are not labeled. Identify food storage containers with										
	cor	nmon name (	of the food. Reference section 3-3	02.12 of Food	d Code. COS, items labeled.						
CEPM Vei	l rification (name, expirati	on date ID#)	•								
CITIVIVE	Diana Short										
	21844791										
	Exp. 06/28/27										
HACCP To	opic: Discussed proper h	and washing	procedures in establishment								
	Colar										
			Dec 9, 2022	Dec 9, 2022							
Person in Charge (Signature)			Date								
A	K.R										
	pu la		Follow-up: Yes	No (Check o	ne) Follow-up Date: N/A						
Inspector (Si	gnature)										