Food Establishment Inspection Report

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| Local Health Department Name and Address | | | | | | No. of Pick Easter/Intervention Violations 1 Date 01 | | | | | | 01/20/ | 2020 | |
|---|----------------------------------|---|---------------------------|-----------|-------|---|---------------------------|--|--|-------------------|--------------------|----------|----------|------------|
| Logan County Department of Public Health | | | | | | | | | | 01/30/2020 | | | | |
| 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 | | | | | NL | No. of Panast Rick Easter/Intervention Violations | | | | | 1:40 | | | |
| Establishment License/Permit # | | | | | | No. of Repeat Risk Factor/Intervention Violations 0 Time Out 3:00 F | | | | | PM | | | |
| Roman's Italian Restaurant 363 | | | | | | Permit Holder Risk Category | | | | | | | | |
| Street Address | | | | | | Roman's Italian Restaurant, Inc. High/Class I | | | | | | | | |
| 831 Woodlawn Rd. | | | | | Pu | Purpose of Inspection | | | | | | | | |
| | y/State | | ZIP Code | | Ro | Routine Inspection | | | | | | | | |
| Lin | icoln, IL | | 62656 | | | | | | | | | | | |
| | | FOODBORNE II | LNESS RISK FA | сто | RS / | AN | DP | UBLIC HEALTH | INTERVENT | TIONS | | | | |
| | Circle designat | ed compliance status (IN, OUT, N | /O, N/A) for each nun | nbere | d ite | m | | | | | | | | |
| | IN=in compliance | OUT=not in compliance N/O | =not observed N/ | A=no | t app | lical | ble | | e important prac | | | | | |
| | | Mark "X" in appropriate box fo | - | | | | | | ibuting factors o re control measu | | | | | |
| | COS= | corrected on-site during inspection | n R =repeat violat | ion | | | | | e control mease | | | 1000 01 | | <i>y</i> . |
| Compliance Status COS | | | | | | | Con | npliance Status | | | | (| COS | R |
| | | Supervision | | | | Protection from Contamination | | | | | | | | |
| 1 | In | Person in charge present, demonstra | tes knowledge, and | | | | 15 | In | Food separated a | nd protected | | | | |
| 2 | Out | performs duties Certified Food Protection Manager (| | _ | | - | 16 | In | Food-contact sur | faces; cleaned a | nd sanitized | | | |
| 2 | Out | · · · | .FP1V1) | | | - | 17 | In | Proper disposition reconditioned an | | reviously served, | | | |
| | | Employee Health Management, food employee and co | nditional employee: | | 1 | | | T | ime/Temperatu | | Safaty | | | |
| 3 | In | knowledge, responsibilities and repo | | | | | 18 | N/O | Proper cooking ti | | - | | | _ |
| 4 | In | Proper use of restriction and exclusion | n | | | | 19 | N/O | Proper reheating | | | | | |
| 5 | In | Procedures for responding to vomitin | ng and diarrheal events | | | | 20 | N/O | Proper cooling tir | | | | | |
| | | Good Hygienic Practices | | | | | 21 | In | Proper hot holdir | | | | | |
| 6 | In | Proper eating, tasting, drinking, or to | bacco use | | | | 22 | In | Proper cold holdi | | | | | |
| 7 | In | No discharge from eyes, nose, and m | outh | | | | 23 | In | Proper date mark | | | - | | |
| | | Preventing Contamination by | Hands | | | | 24 | N/A | Time as a Public H | | | ords | | |
| 8 | In | Hands clean and properly washed | | | | | | | | er Advisory | | | | |
| 9 | N/O | No bare hand contact with RTE food | | | | | 25 | In | Consumer adviso | | raw/undercookec | l food | | |
| | | alternative procedure properly allow | | _ | _ | - | | | Highly Suscep | | | | | |
| 10 | In | Adequate handwashing sinks proper | y supplied and accessibl | e | _ | - | 26 | In | Pasteurized food | • | | red | | |
| 11 | 1- | Approved Source | | - | 1 | | | Foo | d/Color Additive | es and Toxic S | ubstances | | - | |
| 11 12 | In N/O | Food obtained from approved source | | _ | | - | 27 | In | Food additives: a | pproved and pro | operly used | | | |
| | | Food received at proper temperature | | _ | - | - | 28 | In | Toxic substances | properly identif | ied, stored, and u | ised | | |
| 13 | In | Food in good condition, safe, and un | | _ | | - | | Cor | nformance with | Approved Pr | ocedures | | | |
| 14 | N/A | N/A Required records available: shellstock tags, parasite destruction | | | | | 29 | N/A | Compliance with | variance/specia | lized process/HA | ССР | | |
| | | • | GOO | D RE | TAI | LP | RA | CTICES | | | | | | |
| | | Good Retail Practices are prevent | | | | | | | cals, and physica | al objects into | foods. | | | |
| Ν | | mbered item is not in compliance | Mark "X" in appr | | | | | | corrected on-site | | | eat viol | latio | n |
| | | | | COS | R | | | | | | | (| COS | R |
| Safe Food and Water Proper Use of Utensils | | | | | | | e of Utensils | | | | | | | |
| 30 | Pasteurized eggs u | used where required | | | | 43 | 3 | In-use utensils: prope | rly stored | | | | | |
| 31 | Water and ice from | m approved source | | | | 44 | $ \times$ | Utensils, equipment 8 | k linens: properly s | stored, dried, & | handled | | \times | |
| 32 | Variance obtained | for specialized processing methods | | | | 45 | 5 | Single-use/single-serv | ice articles: prope | rly stored and u | sed | | | |
| | | Food Temperature Control | | | | 46 | 5 | Gloves used properly | | | | | | |
| 33 | Proper cooling me | Proper cooling methods used; adequate equipment for temperature control | | | | | _ | 1 | Utensils, Equipn | | - | | | |
| 34 | Plant food proper | y cooked for hot holding | | | | 47 | $/\times$ | Food and non-food co and used | ontact surfaces clea | anable, properly | designed, constr | ucted, | | |
| 35 | Approved thawing | g methods used | | \square | | 48 | 8 | Warewashing facilitie | s: installed. mainta | ained, & used: to | est strips | + | | - |
| 36 Thermometers provided & accurate | | | | | 49 | - | Non-food contact sur | | | | -+ | | | |
| Food Identification | | | | | | Physical Facilities | | | | | | | | |
| 37 Food properly labeled; original container | | | | | 50 | 0 | Hot and cold water av | - | | | | | | |
| | Prevention of Food Contamination | | | | | 51 | | Plumbing installed; pr | | | | -+ | | |
| 38 | | Insects, rodents, and animals not present | | | | 52 | - | Sewage and waste water properly disposed | | | | | \neg | |
| 39 | | Contamination prevented during food preparation, storage and display | | | | 53 | - | Toilet facilities: properly constructed, supplied, & cleaned | | | | | | |
| 40 | | Personal cleanliness | | | | 54 | | Garbage & refuse properly disposed; facilities maintained | | | | | \neg | |
| 41 Wiping cloths: properly used and stored | | | | | 55 | 5 X | Physical facilities insta | | | | -+ | | | |
| 42 Washing fruits and vegetables | | | | | 56 | | Adequate ventilation | | | d | -+ | | | |
| | | | | | | | | Employe | e Training | | | | | |
| 5 | | | | | | 57 | 7 | All food employees ha | ave food handler ti | raining | | | | |
| | | | | | | 58 | 8 | Allergen training as re | quired | | | | | |

Food Establishment Inspection Report

| | | | | | | Page 2 of 3 | | | | |
|----------------|--|---|--|-----------------|--|---------------|--|--|--|--|
| Establishm | ent: Roman's Italian Res | taurant | | Establishme | nt #: 363 | | | | | |
| Water Sup | ply: 🛛 Public 🗌 Priv | ate Wa | ste Water System: 🛛 Public 🗌 |] Private | | | | | | |
| Sanitizer T | ype: Chlorine | | PPM: 100 | | Heat: | | | | | |
| | | | TEMPERATURE OBSER\ | ATIONS | | | | | | |
| | Item/Location | Temp | Item/Location | Temp | Item/Location | Temp | | | | |
| | All Temps in ∘F | | Italian dressing, server tabl | e 39 | | | | | | |
| All C | old Holding Units ≤ | 41 | Pasta, prep table | 40 | | | | | | |
| Pasta, | prep table near wall | 38 | | | | | | | | |
| Tomatoe | s, bottom of prep table | 36 | Marinera, steam table | 139 | | | | | | |
| n | ear steam table | | Meat sauce, steam table | 142 | | | | | | |
| Meats | sauce, walk-in cooler | 34 | | | | | | | | |
| Mani | cotti, walk-in cooler | 36 | | | | | | | | |
| | | | | | | | | | | |
| | Γ | | OBSERVATIONS AND CORREC | TIVE ACTION | S | | | | | |
| ltem Number | | | | | | | | | | |
| 38 | Back door in storage room broke, not tight fitting, latch not working. All exterior doors must be tight fitting and self-closing. | | | | | | | | | |
| | Reference Section Reference 6-202.15 of the Food Code. To be corrected by the Next Routine Inspection. | | | | | | | | | |
| | | | | | | | | | | |
| 39 | | able not covered when not in use. All food items must be protected from possible contamination from | | | | | | | | |
| | its environment. Reference Section 3-307.11 of the Food Code. COS, food items covered during walk-through | | | | | ζh | | | | |
| | | | | | | | | | | |
| 44 | 44 Pizza paddles observed being stored between oven and wall, near floor. All equipment and utensils shall be store | | | | | | | | | |
| | | | away or protected from contamination; 3) at least six inches above the floor; 4) covered or inverted. 3.11(A), (B) and (D) of the Food Code. COS, pizza paddles moved to 3 comp sink for washing and sanitizing | | | | | | | |
| | Reference Sections 4-90 | J3.11(A), (B) | and (D) of the Food Code. COS, p | bizza paddies m | oved to 3 comp sink for washing a | nd sanitizing | | | | |
| 47 | A7 Descathru window counter with knick on dining side and duct tang on kitchon side. All food and non-food contact surfaces | | | | | | | | | |
| | Pass-thru window counter with knick on dining side and duct tape on kitchen side. All food and non-food contact surfaces must be smooth, clean, and non-absorbent. Reference Sections 4-101.11 and Reference 4-202.11 of the Food Code. | | | | | | | | | |
| | To be corrected by the Next Routine Inspection. | | | | | | | | | |
| | | | | | | | | | | |
| 55 | Mop sink found in | disrepair. Do | oor between kitchen and serving | area in disrepa | ir and soiled. All physical facilities r | must be | | | | |
| | maintained in good re | epair and cle | aned as often as necessary to ke | ep them clean. | Reference section 6-501.11 and 6- | -501.12 of | | | | |
| CFPM Ver | ification (name, expiration | on date, ID# |): | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| НАССР То | pic: Discussed procedur | es used in es | stablishment for sanitizer concen | trations and te | st strip usage. | | | | | |
| | וו ר | | | | | | | | | |
| ŀ | ICh. | | Jan 30, 2020 | | | | | | | |
| | - | | | _ | | | | | | |

Person in Charge (Signature)

Date

Ins gnature)

Follow-up Date: N/A

Establishment: Roman's Italian Restaurant

Establishment #: 363

| | OBSERVATIONS AND CORRECTIVE ACTIONS |
|----------------|--|
| ltem Number | Violations cited in this report must be corrected within the time frames below. |
| 55 | (cont.) the Food Code. To be corrected by the Next Routine Inspection. |
| | |
| 2 | No employees onsite noted as Certified Food Protection Managers (CFPM). All high risk establishments are required to have |
| | a CFPM onsite at all times that the kitchen is in operation. Owner states that he has 3 employees that are CFPMs, but none |
| | are at the establishment during the inspection. Establishment will ensure a CFPM is present during all hours of operation. |
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| Æ | Jan 30, 2020 |
| Person in Cha | arge (Signature) Date Date |
| Ja. | Follow-up: ☐ Yes ⊠ No (Check one) Follow-up Date: N/A |
| Inspector (SI | |

