

# Food Establishment Inspection Report

|   |  |   |  |
|---|--|---|--|
| Local Health Department Name and Address<br>Logan County Department of Public Health<br>109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 |  | No. of Risk Factor/Intervention Violations<br>0 | Date<br>12/19/2022                                     |
| Establishment<br>Simply Sweet   |  | License/Permit #<br>321                         | No. of Repeat Risk Factor/Intervention Violations<br>0 |
| Street Address<br>708 S Main St.  |  | Permit Holder<br>Linda Miller                   | Risk Category<br>Medium/Class II                       |
| City/State<br>Middletown, IL  |  | ZIP Code<br>62666                               | Purpose of Inspection<br>Routine Inspection            |

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

|   |   |
|---|---|
| <p>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item<br/> <b>IN</b>=in compliance    <b>OUT</b>=not in compliance    <b>N/O</b>=not observed    <b>N/A</b>=not applicable<br/>         Mark "X" in appropriate box for COS and/or R<br/> <b>COS</b>=corrected on-site during inspection    <b>R</b>=repeat violation</p> | <p><b>Risk factors</b> 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.</p> |
|---|---|

| Compliance Status                        |     | COS   | R |
|--|-----|---|---|
| <b>Supervision</b>                       |     |   |   |
| 1  | In  | Person in charge present, demonstrates knowledge, and performs duties                         |   |
| 2  | In  | Certified Food Protection Manager (CFPM)  |   |
| <b>Employee Health</b>                   |     |   |   |
| 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                                    |   |
| <b>Good Hygienic Practices</b>           |     |   |   |
| 6  | In  | Proper eating, tasting, drinking, or tobacco use  |   |
| 7  | In  | No discharge from eyes, nose, and mouth   |   |
| <b>Preventing Contamination by Hands</b> |     |   |   |
| 8  | In  | Hands clean and properly washed   |   |
| 9  | N/O | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed   |   |
| 10                                       | In  | Adequate handwashing sinks properly supplied and accessible                                   |   |
| <b>Approved Source</b>                   |     |   |   |
| 11                                       | In  | Food obtained from approved source  |   |
| 12                                       | N/O | Food received at proper temperature   |   |
| 13                                       | In  | Food in good condition, safe, and unadulterated   |   |
| 14                                       | N/A | Required records available: shellstock tags, parasite destruction                             |   |

| Compliance Status                                |     | COS  | R |
|--|-----|--|---|
| <b>Protection from Contamination</b>             |     |  |   |
| 15   | In  | Food separated and protected   |   |
| 16   | In  | Food-contact surfaces; cleaned and sanitized                                     |   |
| 17   | In  | Proper disposition of returned, previously served, reconditioned and unsafe food |   |
| <b>Time/Temperature Control for Safety</b>       |     |  |   |
| 18   | N/O | Proper cooking time and temperatures   |   |
| 19   | N/A | Proper reheating procedures for hot holding                                      |   |
| 20   | N/A | Proper cooling time and temperature  |   |
| 21   | N/O | 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                            |   |
| <b>Consumer Advisory</b>                         |     |  |   |
| 25   | N/A | Consumer advisory provided for raw/undercooked food                              |   |
| <b>Highly Susceptible Populations</b>            |     |  |   |
| 26   | N/A | Pasteurized foods used; prohibited foods not offered                             |   |
| <b>Food/Color Additives and Toxic Substances</b> |     |  |   |
| 27   | In  | Food additives: approved and properly used                                       |   |
| 28   | In  | Toxic substances properly identified, stored, and used                           |   |
| <b>Conformance with Approved Procedures</b>      |     |  |   |
| 29   | N/A | Compliance with variance/specialized process/HACCP                               |   |

## GOOD RETAIL PRACTICES

| <p>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.<br/>         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</p> |   |     |   |
|--|---|-----|---|
|  |   | COS | R |
| <b>Safe Food and Water</b>   |   |     |   |
| 30   | Pasteurized eggs used where required                                    |     |   |
| 31   | Water and ice from approved source                                      |     |   |
| 32   | Variance obtained for specialized processing methods                    |     |   |
| <b>Food Temperature Control</b>  |   |     |   |
| 33   | Proper cooling methods used; adequate equipment for temperature control |     |   |
| 34   | Plant food properly cooked for hot holding                              |     |   |
| 35   | Approved thawing methods used   |     |   |
| 36   | Thermometers provided & accurate  |     |   |
| <b>Food Identification</b>   |   |     |   |
| 37   | Food properly labeled; original container                               |     |   |
| <b>Prevention of Food Contamination</b>  |   |     |   |
| 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 |
|--|--|-----|---|
| <b>Proper Use of Utensils</b>          |  |     |   |
| 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   |     |   |
| <b>Utensils, Equipment and Vending</b> |  |     |   |
| 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  |     |   |
| <b>Physical Facilities</b>             |  |     |   |
| 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                                     | Physical facilities installed, maintained, and clean                                   |     |   |
| 56                                     | Adequate ventilation and lighting; designated areas used                               |     |   |
| <b>Employee Training</b>               |  |     |   |
| 57                                     | All food employees have food handler training  |     |   |
| 58                                     | Allergen training as required  |     |   |

# Food Establishment Inspection Report

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Establishment: Simply Sweet

Establishment #: 321

Water Supply: ☒ Public ☐ Private

Waste Water System: ☐ Public ☒ Private

Sanitizer Type: Chlorine

PPM: 100

Heat:

## TEMPERATURE OBSERVATIONS

| Item/Location               | Temp |  | Item/Location | Temp |  | Item/Location | Temp |
|-----------------------------|------|--|---------------|------|--|---------------|------|
| All Temps in °F             |      |  |               |      |  |               |      |
| All Cold Holding Units ≤    | 41   |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
| Sour cream, middle shelf of |      |  |               |      |  |               |      |
| the fridge                  | 37   |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |
|                             |      |  |               |      |  |               |      |

## OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|---|
|             |   |
|             | No Violations Noted During Inspection   |
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CFPM Verification (name, expiration date, ID#):

|                            |  |  |  |
|----------------------------|--|--|--|
| Linda Miller, info on file |  |  |  |
|----------------------------|--|--|--|

HACCP Topic: Discussed cold holding procedures and critical limits used in establishment

  
Person in Charge (Signature)

Dec 19, 2022

Date

  
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: N/A