Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address						No. of Risk Factor/Intervention Violations Date 12/2						12/28	/2022	2			
Logan County Department of Public Health												10:1	5 AM				
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Report Pick Eactor (Intervention Violations					10:4	5 AM					
Establishment License/Permit # Spirited Republic 216						Permit Holder Risk Category						-					
Street Address						DTLCG, Inc. Low/Class III											
509 B Pulaski St.							Purpose of Inspection										
City	/State		ZIP Code		Ro												
Linc	oln		IL.		1.0	Routine Inspection											
		FOODBORNE IL	LNESS RISK FA	CTOR	IS A	N	D Pl	JBLIC HEALTH	INTERVEN	TIONS							
	Circle designat	ed compliance status (IN, OUT, N/	/O, N/A) for each num	bered	iten	n											
	IN=in compliance		-	A =not	appl	oplicable Risk factors are important practices or procedures identified as the m prevalent contributing factors of foodborne illness or injury. Public he											
		Mark "X" in appropriate box fo	-					interventions a	-		• •						
		corrected on-site during inspectio	n R =repeat violati	1			-			-				_			
Con	pliance Status	• • • •		cos	R		Com	pliance Status		.		COS R					
Ť		Supervision Person in charge present, demonstra	tes knowledge and	1 -	_		15	In	Protection fro		tion	1	1				
1	In	performs duties	tes kilowieuge, allu				16	In	Food-contact sur	•	nd sanitized			-			
2	N/A	Certified Food Protection Manager (C	CFPM)						Proper dispositio					-			
		Employee Health					17	In	reconditioned an			, 					
3	In	Management, food employee and co					-		ime/Temperatu								
4	In	knowledge, responsibilities and report Proper use of restriction and exclusion		+			18	N/A	Proper cooking t	-				_			
4 5	In	Procedures for responding to vomitir		+			19	N/A	Proper reheating					_			
-		Good Hygienic Practices	o and diamical events	1	<u> </u>		20	N/A	Proper cooling ti								
6	In	Proper eating, tasting, drinking, or to	bacco use			1	21 22	N/A	Proper hot holdi					_			
7	In	No discharge from eyes, nose, and m				1	22	In In	Proper cold hold Proper date mar	* •			_	-			
		Preventing Contamination by I	Hands			1	24	N/A	Time as a Public			cords					
8	In	Hands clean and properly washed					- 1			ner Advisory			i	-			
9	In	No bare hand contact with RTE food					25	N/A	Consumer adviso		raw/undercooke	ed food					
10	In	alternative procedure properly allow		-	-					tible Populat	-	1					
10	III	Adequate handwashing sinks properl Approved Source	y supplied and accession	-	L		26	N/A	Pasteurized food	s used; prohibit	ed foods not off	ered					
11	In	Food obtained from approved source	<u> </u>	1		11	2	Foo	d/Color Additiv	es and Toxic S	ubstances						
12	N/O	Food received at proper temperature					27	In	Food additives: a	pproved and pr	operly used						
13	In	Food in good condition, safe, and una	adulterated	*			28	In	Toxic substances	properly identif	ied, stored, and	used					
14	N/A	Required records available: shellstocl	k tags, parasite			1			nformance with								
		destruction				Ц	29	N/A	Compliance with	variance/specia	lized process/H/	ACCP		_			
						_		CTICES									
		Good Retail Practices are prevent nbered item is not in compliance						1 0 /		•		nont vi	alatia	_			
		nbered item is not in compliance	Mark "X" in appro				rcos	and/or R COS=0	corrected on-sit	e during inspe	ction R=re	peat vi	cos	_			
-		Safe Food and Water			<u> </u>	-			Proper Us	e of Utensils			005				
30	Pasteurized eggs u	sed where required	10	Ť		43	3	In-use utensils: prope	-				Ť	-			
31	Water and ice fron					44	-	Utensils, equipment 8		stored, dried, &	handled						
32		for specialized processing methods				45	-	Single-use/single-serv									
		Food Temperature Control				46	5	Gloves used properly									
33	Proper cooling met	thods used; adequate equipment for t	emperature control						Utensils, Equipr	nent and Ven	ding						
34	Plant food properly cooked for hot holding				47	7	Food and non-food co and used	ontact surfaces cle	anable, properly	/ designed, cons	tructed,						
35	Approved thawing	methods used				48	3	Warewashing facilities	s: installed, maint	ained, & used: to	est strips		-	-			
36 Thermometers provided & accurate					_	49	-	Non-food contact sur		,	····		_	\neg			
Food Identification										Facilities							
37	Food properly labe	led; original container			_	50		Hot and cold water av	vailable; adequate	pressure							
20	Prevention of Food Contamination 38 Insects, rodents, and animals not present					51	L	Plumbing installed; pr	oper backflow de	vices							
38 39		•	ge and display		_	52 Sewage and waste water properly disposed											
39 40						53 Toilet facilities: properly constructed, supplied, & cleaned											
40		perly used and stored			-	54	-	Garbage & refuse pro			ed						
42 Washing fruits and vegetables						55	-	Physical facilities insta									
			ļ	ele	_	56)	Adequate ventilation			d						
						57	, 1	All food amplements		e Training		-		-			
						57	-	All food employees ha Allergen training as re		annig				\neg			
						100	1	Chergen nanning as re	.4411.64								

Food Establishment Inspection Report

All Temps in *F							rage 2 Of						
Sanitizer Type: PPM: 100	Establishm	nent: Spirited Republic		Establishment #: 216									
Item/Location Temp Item/Location Temp All Temps in -F Item/Location Temp Item/Location Temp All Cold Holding Units 41 Item/Location Item/Location Temp Orange juice in beverage cooler 39 Item/Location Item/Location Item/Location Orange juice in beverage cooler 39 Item/Location Item/Location Item/Location Orange juice in beverage cooler 39 Item/Location Item/Location Item/Location Orange juice in beverage cooler 39 Item/Location Item/Location Item/Location ObservAtions AND Corrective Actions Item/Location Item/Location Item/Location Item/Location Violations cited in this report must be corrected within the time frames below. Item/Location Item/Location No violations noted during inspection Item/Location Item/Location Item/Location (name, expiration date, ID#): Item/Location Item/Location Item/Location Item/Location (name, expiration date, ID#): Item/Location Item/Location Item/Location	Water Sup	oply: 🛛 Public 🗌 Priv	vate Waste	e Water System: 🔀 Public 🗌	Private								
Item/Location Temp Item/Location Temp All Temps in +F	Sanitizer T	ype: Chlorine		PPM: 100		Heat:							
All Temps in -F				TEMPERATURE OBSERV	ATIONS								
All Cold Holding Units s 41 Orange juice in beverage cooler 39 Orange juice in beverage cooler 39 Image juice jui		Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
Orange juice in beverage cooler 39 Image in the													
Item Item Item Item Number Violations cited in this report must be corrected within the time frames below. Item No violations noted during inspection	All C	old Holding Units ≤	41										
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N/A HACCP Topic: Discussed Sanitizing and cleaning schedule in establishment HACCP Topic: Discussed Sanitizing and cleaning schedule in establishment Dec 28, 2022 Person in Charge (Signature) Date		No violations noted during inspection											
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Guille Routes Dec 28, 2022 Person in Charge (Signature) Date		N/A											
Person in Charge (Signature) Date	НАССР То	pic: Discussed Sanitizing	g and cleaning s	schedule in establishment		1							
Person in Charge (Signature) Date		<u>^</u>											
Person in Charge (Signature) Date		Gullen Roats		Dec 28, 2022									
An Bo					-								
Follow-up: Ves V No. (Check one) Follow-up Date: N/A				_	_								

Follow-up: 🗌 Yes 🔀 No (Check one)

Follow-up Date: N/A

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