

Food Establishment Inspection Report

Local Health Department Name and Address Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317		No. of Risk Factor/Intervention Violations	0	Date	12/16/2022
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:55AM
Establishment CAPCIL Sr. Meal Site - Logan Courts		License/Permit #	378		
Street Address 1028 N. College St.		Permit Holder	Community Action of Central IL		
City/State Lincoln, IL		ZIP Code	62656		
		Purpose of Inspection	Routine Inspection		
		Risk Category	Medium/Class II		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors 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.

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	In	Person in charge present, demonstrates knowledge, and performs duties		15	In	Food separated and protected	
2	In	Certified Food Protection Manager (CFPM)		16	In	Food-contact surfaces; cleaned and sanitized	
Employee Health				Time/Temperature Control for Safety			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
4	In	Proper use of restriction and exclusion		18	N/O	Proper cooking time and temperatures	
5	In	Procedures for responding to vomiting and diarrheal events		19	N/O	Proper reheating procedures for hot holding	
Good Hygienic Practices				20	N/O	Proper cooling time and temperature	
6	In	Proper eating, tasting, drinking, or tobacco use		21	In	Proper hot holding temperatures	
7	In	No discharge from eyes, nose, and mouth		22	In	Proper cold holding temperatures	
Preventing Contamination by Hands				23	In	Proper date marking and disposition	
8	In	Hands clean and properly washed		24	N/A	Time as a Public Health Control; procedures & records	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory			
10	In	Adequate handwashing sinks properly supplied and accessible		25	N/A	Consumer advisory provided for raw/undercooked food	
Approved Source				Highly Susceptible Populations			
11	In	Food obtained from approved source		26	N/A	Pasteurized foods used; prohibited foods not offered	
12	In	Food received at proper temperature		Food/Color Additives and Toxic Substances			
13	In	Food in good condition, safe, and unadulterated		27	In	Food additives: approved and properly used	
14	N/A	Required records available: shellstock tags, parasite destruction		28	In	Toxic substances properly identified, stored, and used	
GOOD RETAIL PRACTICES				Conformance with Approved Procedures			
				29	N/A	Compliance with variance/specialized process/HACCP	

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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

		COS	R			COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	In-use utensils: properly 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		
Food Temperature Control				46	Gloves used properly		
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	Approved thawing methods used			48	Warewashing facilities: installed, maintained, & used; test strips		
36	Thermometers provided & accurate			49	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure		
Prevention of Food Contamination				51	Plumbing installed; proper backflow devices		
38	Insects, rodents, and animals not present			52	Sewage and waste water properly disposed		
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		
41	Wiping cloths: properly used and stored			55	Physical facilities installed, maintained, and clean		
42	Washing fruits and vegetables			56	Adequate ventilation and lighting; designated areas used		
Employee Training				Employee Training			
				57	All food employees have food handler training		
				58	Allergen training as required		

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Establishment: CAPCIL Sr. Meal Site - Logan Courts Establishment #: 378

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						
Mustard, door of kitchen fridge	39						
Fish sticks in serving container	135						
Potatoes in serving container	140						


OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	No Violations Noted During Inspection

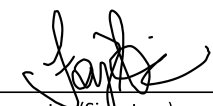
CFPM Verification (name, expiration date, ID#):

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HACCP Topic: Discussed hot holding procedures and corrective actions used in establishment

 _____ Date: Dec 16, 2022

Person in Charge (Signature) _____ Date

 _____

Inspector (Signature) _____

Follow-up: Yes No (Check one) Follow-up Date: N/A