Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Risk Factor/Intervention Violations 0 Date 04/1								
Logan County Department of Public Health												11:00	MA 00		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No	No. of Repeat Risk Factor/Intervention Violations 0 Time Out 11:45							-		
Establishment License/Permit # Subway #6350 258					Per	Permit Holder Risk Category								-	
Street Address						Lucas Subway, Inc. Medium/Class II									
405 Keokuk St						Purpose of Inspection									
City/State ZIP Code						Routine Inspection									
Lincoln, IL 62656							Routine Inspection								
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i															
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a								pplicable Risk factors are important practices or procedures identified as the prevalent contributing factors of foodborne illness or injury. Public h							
Mark "X" in appropriate box for COS and/or R								interventions are control measures to prevent foodborne illness or injury							
COS=corrected on-site during inspection R=repeat violation														R	
Compliance Status COS							/ / / / / / / / / / / / / / /								
Supervision					_		4.5	· · · · · · · · · · · · · · · · · · ·	Protection fro		ition	ï		_	
1	In	Person in charge present, demonstra performs duties	tes knowledge, and				15 16	In	Food separated a		nd canitized	$ \rightarrow $	_	_	
2	In	Certified Food Protection Manager (C	(FPM)			1		in	Proper disposition					-	
		Employee Health					17	In	reconditioned and			<i>"</i>			
3	In	Management, food employee and co				Time/Temperature Control for Safety					r Safety				
4	In	knowledge, responsibilities and reporting			-		18	N/O	Proper cooking tir	me and temper	atures				
5	In	Proper use of restriction and exclusion Procedures for responding to vomiting		+	-		19	N/O	Proper reheating	procedures for	hot holding	$ \rightarrow $			
5		Good Hygienic Practices		1			20	N/O	Proper cooling tin					_	
6	In	Proper eating, tasting, drinking, or to	bacco use	Ē	<u> </u>	11	21	In	Proper hot holdin				_	_	
7	In	No discharge from eyes, nose, and m				1 1	22 23	In	Proper cold holdin				_	_	
		Preventing Contamination by		<u> </u>		8 B	23	In N/A	Proper date mark Time as a Public H			cordo		-	
8	In	Hands clean and properly washed		1		1	24	IVA		er Advisory	procedures & re			-	
9	In	No bare hand contact with RTE food				1	25	N/A	Consumer advisor	•	raw/undercook	ed food	1		
10	In	alternative procedure properly allow		+	-			1	Highly Suscep					-	
10	in	Adequate handwashing sinks properl Approved Source	y supplied and accessible	·			26	N/A	Pasteurized foods	used; prohibit	ed foods not off	ered			
11	In	Food obtained from approved source	•	1 3	<u> </u>	11		Food	d/Color Additive	s and Toxic S	ubstances	-			
12	N/0	Food received at proper temperature					27	In	Food additives: ap	proved and pro	operly used				
13	In	Food in good condition, safe, and una					28	In	Toxic substances	properly identif	fied, stored, and	used			
14	N/A	Required records available: shellstoc				1			oformance with	Approved Pr	ocedures				
destruction						Ц	29	N/A	Compliance with	variance/specia	lized process/H	ACCP			
			GOOD	D RE	ΓΑΙΙ	LP	RA	CTICES							
		Good Retail Practices are prevent								•					
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS							and/or R COS=C	corrected on-site	e during inspe	ction R=re	epeat vio		_		
COS R Safe Food and Water						Proper Use of Utensils							- N		
30	Pasteurized eggs u	sed where required		T		43 In-use utensils: properly stored							-1	-	
31	Water and ice fron	•				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	5	Gloves used properly							
33								· · · ·	Jtensils, Equipm	ent and Ven	ding				
34	Plant food properly cooked for hot holding					47	,	Food and non-food co and used	ntact surfaces clea	anable, properly	y designed, cons	tructed,			
35	Approved thawing	Approved thawing methods used				48	3	Warewashing facilities	s: installed. mainta	ined. & used: to	est strips		_	-	
36 Thermometers provided & accurate					_	49	-	Non-food contact surf					_		
Food Identification										Facilities				_	
37						50 Hot and cold water available; adequate pressure									
20	Prevention of Food Contamination					51	L	Plumbing installed; pr	oper backflow dev	ices					
38 39	Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display				-	52	2	Sewage and waste wa	ter properly dispo	sed					
39 40	Personal cleanliness				-	53 Toilet facilities: properly constructed, supplied, & cleaned									
40					-	-	54 Garbage & refuse properly disposed; facilities maintained						_		
42 Washing fruits and vegetables					-	55	-	Physical facilities insta					_		
						56	<u> </u>	Adequate ventilation			a				
						57	7	All food amplements		e Training			1	_	
						57	-	All food employees ha Allergen training as re		annig		\rightarrow		\neg	
						100	1	Chergen training as re	yuncu				_		

Food Establishment Inspection Report

Establishm	nent: Subway #6350		E	stablishmer	nt #: 258	Page 2 01 -		
	pply: 🛛 Public 🗌 Priv	vate Was	ste Water System: 🔀 Public 🗌 Pr	ivate				
	ype: Quat		PPM: <u>200</u>	Heat:				
			TEMPERATURE OBSERVAT	IONS				
Item/Location Temp			Item/Location	Temp	Item/Location	Temp		
All Temps in ∘F			Sliced cheese in walk in cooler					
All C	old Holding Units ≤	41	on top shelf	38				
Meatballs in hot holding in								
	front line	140						
Roas	st beef in front line	39						
sliced T	Tomatoes in front line	39						
Sliced ham in walk in cooler on								
	middle shelf	38						
			OBSERVATIONS AND CORRECTIV	E ACTIONS	5			
ltem Number		Violatio	ons cited in this report must be corrected	d within the t	ime frames below.			
			No Violations noted durin	g inspection	1			
CFPM Ver	rification (name, expiration	on date, ID#)	:					
Wendy	Selvy present- On file							
НАССР То	ppic: Discussed routine c	leaning sche	dule in establishment for food conta	ct surfaces				
	0	0						
<u> </u>	ndy Solung		Apr 12, 2023					
Person in Cha	arge (Signature)		Date					
ť.	Ballu		Follow-up: 🗌 Yes 🔀	No (Check or	ne) Follow-up Date: N/A			

Inspector (Signature)

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