

# 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	12/29/2022
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	8:00AM
Establishment Super 8 Motel	License/Permit # 234	Permit Holder Pavan Motel Inc.	Risk Category Low/Class III		
Street Address 2809 Woodlawn Rd.		Purpose of Inspection Routine Inspection			
City/State Lincoln, IL	ZIP Code 62656				

## 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	Description
<b>Supervision</b>			
1	In		Person in charge present, demonstrates knowledge, and performs duties
2	N/A		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	N/O		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	Description
<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/A		Proper cooking time and temperatures
19	N/A		Proper reheating procedures for hot holding
20	N/A		Proper cooling time and temperature
21	N/A		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

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

Compliance Status	COS	R	Description
<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

Compliance Status	COS	R	Description
<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

Establishment: Super 8 Motel

Establishment #: \_\_\_\_\_

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						
Milk in self-serve fridge in breakfast area	38						

### 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#):

N/A			
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HACCP Topic: Discussed cleaning and sanitizing procedures used in establishment

*[Signature]* \_\_\_\_\_ Date: Dec 29, 2022  
 Person in Charge (Signature) \_\_\_\_\_ Date

*[Signature]* \_\_\_\_\_  
 Inspector (Signature)

Follow-up:  Yes  No (Check one)

Follow-up Date: N/A