Food Establishment Inspection Report

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	08/22/2019		
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (2)	<u> </u>		$\stackrel{\circ}{-}$	Time In	9:45am		
	Permit #	No. of Repeat Risk Factor/Intervention Violations		0	Time Out	10:15am	
The Christian Village - Congregate Building		Permit Holder Risk Cate		0 ,	'		
Street Address			Christian Horizons	High/Class I			
1500 7th St.	Purpose of Inspection						
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656			Notific inspection				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=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.

	CO3=	corrected on-site during inspection n -repeat violatio	11			
Со	mpliance Status		cos	R	I	
Supervision						
1	In	Person in charge present, demonstrates knowledge, and performs duties]	
2	ln	Certified Food Protection Manager (CFPM)			1	
Employee Health						
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting			1	
4	In	Proper use of restriction and exclusion			1	
5	In	Procedures for responding to vomiting and diarrheal events			1	
		Good Hygienic Practices			1	
6	In	Proper eating, tasting, drinking, or tobacco use			1	
7	In	No discharge from eyes, nose, and mouth			1	
		Preventing Contamination by Hands			1	
8	In	Hands clean and properly washed			1	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed]	
10	In	Adequate handwashing sinks properly supplied and accessible			1	
Approved Source						
11	In	Food obtained from approved source			1	
12	N/O	Food received at proper temperature				
13	ln	Food in good condition, safe, and unadulterated				
14	N/A	Required records available: shellstock tags, parasite destruction				
GOOD RETAIL						

Со	mpliance Status		cos	R			
Protection from Contamination							
15	In	Food separated and protected					
16	ln	Food-contact surfaces; cleaned and sanitized					
17	ln	Proper disposition of returned, previously served, reconditioned and unsafe food					
Time/Temperature Control for Safety							
18	N/O	Proper cooking time and temperatures					
19	N/O	Proper reheating procedures for hot holding					
20	N/O	Proper cooling time and temperature					
21	N/O	Proper hot holding temperatures					
22	ln	Proper cold holding temperatures					
23	ln	Proper date marking and disposition					
24	N/A	Time as a Public Health Control; procedures & records					
Consumer Advisory							
25	N/A	Consumer advisory provided for raw/undercooked food					
		Highly Susceptible Populations					
26	ln	Pasteurized foods used; prohibited foods not offered					
Food/Color Additives and Toxic Substances							
27	ln	Food additives: approved and properly used					
28	ln	Toxic substances properly identified, stored, and used					
Conformance with Approved Procedures							
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

	·			
		cos	R	
	Safe Food and Water			
30	Pasteurized eggs used where required			4
31	Water and ice from approved source			4
32	Variance obtained for specialized processing methods			4
	Food Temperature Control			4
33	Proper cooling methods used; adequate equipment for temperature control			
34	Plant food properly cooked for hot holding			4
35	Approved thawing methods used			4
36	Thermometers provided & accurate			4
	Food Identification			
37	Food properly labeled; original container			
	Prevention of Food Contamination			5
38	Insects, rodents, and animals not present			5
39	Contamination prevented during food preparation, storage and display			5
40	Personal cleanliness			5
41	Wiping cloths: properly used and stored			5
42	Washing fruits and vegetables			

		COS	R
	Proper Use of Utensils		
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		
	Utensils, Equipment and Vending		
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		
	Physical Facilities		
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		
	Employee Training		
57	All food employees have food handler training		
58	Allergen training as required		

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Establishn	nent: The Christian Villa	ge - Congregate B	uilding	Establishm	ent #: 399	
Water Sup	oply: 🛛 Public 🗌 Pr	ivate Waste V	Nater System: 🔀 Pu	ıblic 🗌 Private		
Sanitizer T	Гуре: Machine: Heat/Qu	uat for cloths	PPM:	200	Heat: 180	
			TEMPERATURE C	BSERVATIONS		
	Item/Location	Temp	Item/Locatio	n Temp	Item/Loc	ation Temp
	All Temps in ∘F					
All C	Cold Holding Units ≤	41				
Ham	Salad in fridge, R side	36				
	Ham in fridge, L side	40				
	T	OBS	ERVATIONS AND C	ORRECTIVE ACTIO	NS	
Item Number		Violations o	ited in this report must	be corrected within the	e time frames below.	
			No Violations N	loted During Inspecti	on	
_						
CFPM Ve	rification (name, expirat	ion date, ID#):				
HACCP To	opic: Discussed cooking	temperatures use	ed in facility			
Juli	arge (Signature)		Aug 22, 2019			
Person in Ch	arge (Signature)		Date			
1	1					
-/Xa-1	AA ~		Follow-up:	Yes No (Check	one) Follow-up Date	≥: N/A