Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 09/0							/2022	2
Logan County Department of Public Health						· · · · ·							DO AM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No. of Ponest Pick Easter/Intervention Violations							00 AM		
Establishment License/Permit #					Po	Permit Holder Risk Category								-
Gina's Talk of the Town 372						Gina Peters High/Class I								
Street Address 115 Govenor Ogelsby Dr.						Purpose of Inspection								-
City/State ZIP Code						•								
• •	irt, IL		62634		Routine Inspection									
LIKIIG						INTERVENTION	-				-			
					_	יץ ע		INTERVENTION	2				_	
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i							Risk factors are important practices or procedures identified as the main of the main o							st
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Mark "X" in appropriate box for COS and/or R								prevalent contributing factors of foodborne illness or injury. Public						
COS=corrected on-site during inspection R=repeat violation							interventions are control measures to prevent foodborne illness or							y.
						R Compliance Status							cos	
Compliance Status COS						Protection from Contamination								
1	1	Supervision Person in charge present, demonstra	tes knowledge and	<u> </u>			15	In	Food separated and prot		ition	Ĩ	Ť	-
1	In	performs duties	tes knowledge, and				15	In	Food-contact surfaces: cl		nd sanitized		-	-
2	In	Certified Food Protection Manager (C	CFPM)			1			Proper disposition of retu			d.		-
		Employee Health					17	In	reconditioned and unsafe			<u>,</u>		
3	In	Management, food employee and co				Time/Temperature Control for Safety								
_		knowledge, responsibilities and report				4	18	N/O	Proper cooking time and	temper	atures			
4	In	Proper use of restriction and exclusio		-	<u> </u>		19	N/O	Proper reheating proced	ures for	hot holding			
5	In	Procedures for responding to vomitin	-	1 0			20	N/O	Proper cooling time and	tempera	ature			_
		Good Hygienic Practices		1	_	1	21	N/O	Proper hot holding temp	eratures	5			
6	ln	Proper eating, tasting, drinking, or to					22	In	Proper cold holding temp	perature	S			
7	In	No discharge from eyes, nose, and m					23	In	Proper date marking and	disposi	tion			
		Preventing Contamination by I	Hands	1	1		24	N/A	Time as a Public Health C	Control;	procedures & re	ecords		
8	In	Hands clean and properly washed							Consumer Adv	visory				
9	In	No bare hand contact with RTE food of alternative procedure properly allow					25	In	Consumer advisory provi	ded for	raw/undercook	ed food		
In Adequate handwashing sinks properly supplied and accessible							1		Highly Susceptible P	opulat	ions			
		Approved Source					26	N/A	Pasteurized foods used;	prohibit	ed foods not of	fered		
11	In	Food obtained from approved source	2	1					d/Color Additives and					
12	N/O	Food received at proper temperature	2				27	In	Food additives: approved					
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances properl	•		lused		
14	N/A	Required records available: shellstock	k tags, parasite			1			nformance with Appro					
		destruction				L	29	N/A	Compliance with variance	e/specia	lized process/H	ACCP		_
			GOO	D RE	ΓΑΙ	L P	PRA	CTICES						
		Good Retail Practices are prevent												
								corrected on-site durin	g inspe	ction R=r	epeat vio		_	
COS R Safe Food and Water									Duran I lan af lik				cos	к
20			Ĩ	- T	-				Proper Use of Ut	ensiis		Ť	Ť	_
30 31	Water and ice from	sed where required			-	43	-	In-use utensils: prope	k linens: properly stored, o	dried 0	handlad			
32					-	-	-	- · · ·					_	-
52	2 Variance obtained for specialized processing methods Food Temperature Control					45 Single-use/single-service articles: properly stored and used 46 Gloves used properly							-	-
33	Proper cooling met	•	I											_
34	Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding				-	Utensils, Equipment and Vending						structed	1	
35	Approved thawing methods used				-	47	7	and used		p. op on	,,,			
36	Thermometers provided & accurate				-	48	-	-	s: installed, maintained, &	used; t	est strips			
Food Identification						49 Non-food contact surfaces clean								
37 Food properly labeled; original container								Ĉ	Physical Facilit			ï		_
-	<u></u>	Prevention of Food Contaminat	tion	- 40		50	-	-	vailable; adequate pressur	e			_	_
38						51 Plumbing installed; proper backflow devices								
39	Contamination prevented during food preparation, storage and display					52	-	-	iter properly disposed					
40	Personal cleanliness					53 Toilet facilities: properly constructed, supplied, & cleaned						_	_	
41						54 Garbage & refuse properly disposed; facilities maintained								_
42 Washing fruits and vegetables						55 Physical facilities installed, maintained, and clean 56 Adequate ventilation and lighting; designated areas used						-	_	
	21.		4	(de)	-	156	9	Adequate ventilation			:u		1	_
						57	7	All food amplements	Employee Train	ung			- 1	
							-		ave food handler training					\neg
						58		Allergen training as re	quireu					

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Establishment: Gina's Talk of the T	ōwn		Est	ablishmer	nt #: 372			
Water Supply: 🛛 Public 🗌 Pri	vate W	aste Wate	er System: 🔀 Pu	blic 🗌 Priv	ate			
Sanitizer Type: Chlorine			100	Heat:				
		т	EMPERATURE O	BSERVATIO	ONS			
Item/Location	Temp		Item/Location Temp				Item/Location	
All Temps in ∘F		Past	a Salad on top she	elf in walk				
All Cold Holding Units ≤	41		in cooler		39			
		Sc	our Cream in midd	le shelf				
Raw Hamburger meat on right in			in walk in fridg	ge	40			
double door fridge in Kitchen	38	Tom	natoes in top of sa	lad make				
Sliced cheese on Right side in			table in kitche	n	39			
double door fridge	40	Fre	ench dressing in bo	ottom of				
Egg wash on left side in double			make table in kite	chen	39			
door fridge	38							
		OBSER\	ATIONS AND CO	ORRECTIVE	ACTIONS	5		
ltem Number	Viola	tions cited	in this report must	be corrected v	within the t	time frames b	below.	
Number								
			No Violations	at time of in	spection			
CFPM Verification (name, expirat	on date, ID	#):						
Gina Peters - On file								
HACCP Topic: Discussed proper s	 eparation a	nd storag	e of toxic material	s in establisl	nment		<u> </u>	
	-							
Almad			Sep 1, 2022					
Person in Charge (Signature)		Date						
XIA								

Follow-up: Yes X No (Check one)

Inspector (Signature)

Follow-up Date: N/A

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