

# 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 1	Date 10/26/2022
Establishment Drakes Bar		License/Permit # 343	No. of Repeat Risk Factor/Intervention Violations 0
Street Address 107 Lincoln St		Permit Holder Irwin Entertainment	Risk Category Low/Class III
City/State Lawndale IL		ZIP Code 61751	Purpose of Inspection Routine Inspection

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<p>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  <b>IN</b>=in compliance    <b>OUT</b>=not in compliance    <b>N/O</b>=not observed    <b>N/A</b>=not applicable          Mark "X" in appropriate box for COS and/or R  <b>COS</b>=corrected on-site during inspection    <b>R</b>=repeat violation</p>	<p><b>Risk factors</b> 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.</p>
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Compliance Status		COS	R
<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	In	Hands clean and properly washed	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10	Out	Adequate handwashing sinks properly supplied and accessible	
<b>Approved Source</b>			
11	In	Food obtained from approved source	
12	N/A	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
<b>Protection from Contamination</b>			
15	N/A	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	N/A	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

<p>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</p>			
		COS	R
<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		

		COS	R
<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: Drakes Bar

Establishment #: 343

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							
Tomato Juice in beverage fridge							
Behind Bar	40						
Ketchup in fridge in back room							
in side door compartment	38						

## OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

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

N/A			
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HACCP Topic: Discussed proper hand washing procedures in establishment.

William R. Gill

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Person in Charge (Signature)

Oct 26, 2022

Date \_\_\_\_\_

Ben

Inspector (Signature)

**Follow-up:** ☐ Yes ☒ No (Check one)

**Follow-up Date:** N/A