Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 03/0							/2023	
Logan County Department of Public Health												9:00	0 AM	
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					No. of Papast Rick Easter/Intervention Violations						9.45	5 AM		
Establishment License/Permit # Timber Creek Village 388					Permit Holder Risk Category							/	-	
Street Address					Sta	Stahlhut Properties, LLC High/Class I								
201 Stahlhut Dr.						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														
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							
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										•				_
Compliance Status COS							R Compliance Status COS Protection from Contamination							
1		Supervision Person in charge present, demonstra		1 -	_	4	15	1-			ation	T	- 1	_
1	In	performs duties	tes knowledge, and				15 16	In	Food separated a Food-contact surf		and sanitized			-
2	In	Certified Food Protection Manager (C	FPM)						Proper disposition			-		-
		Employee Health					17	In	reconditioned and					
3	In	Management, food employee and co				Time/Temperature Control for Safety								
4	In	knowledge, responsibilities and report Proper use of restriction and exclusion		+	-		18	N/O	Proper cooking ti					
5	In	Procedures for responding to vomitir		+		19 N/O Proper reheating procedures for hot holding						_	\neg	
-		Good Hygienic Practices		1			20	N/O	Proper cooling tin					_
6	In	Proper eating, tasting, drinking, or to	bacco use	1		11	21 22	N/O	Proper hot holdin					_
7	In	No discharge from eyes, nose, and m	outh				22	In In	Proper cold holdin Proper date mark			\rightarrow		-
		Preventing Contamination by I	lands				23	N/A	Time as a Public H			ords		-
8	In	Hands clean and properly washed					27	10/4		er Advisory				-
9	In	No bare hand contact with RTE food		1			25	N/A	Consumer advisor		raw/undercooke	d food	1	
10	In	alternative procedure properly allow		+	-				Highly Suscep		-		1	
10		Adequate handwashing sinks properl Approved Source	y supplied and accession	-	L		26	In	Pasteurized foods	s used; prohibit	ed foods not offe	red		
11	In	Food obtained from approved source		1			2	Foo	d/Color Additive	es and Toxic S	ubstances			
12	N/O	Food received at proper temperature					27	In	Food additives: ap	oproved and pr	operly used			
13	In	Food in good condition, safe, and una		-			28	In	Toxic substances			used		
14	N/A Required records available: shellstock tags, parasite					1			nformance with					
destruction						29 N/A Compliance with variance/specialized process/HACCP							_	
			-			_		CTICES						
Ma		Good Retail Practices are prevent nbered item is not in compliance							cals, and physica corrected on-site	•		nont via	Jatio	_
IVId			Mark "X" in appro			T	03		corrected on-site	e uuring inspe		peat vic	cos	_
		Safe Food and Water			-	Proper Use of Utensils								-
30	Pasteurized eggs used where required					43 In-use utensils: properly stored							1	
31	Water and ice fron	approved source				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	Proper cooling methods used; adequate equipment for temperature control							-	Utensils, Equipm	nent and Ven	ding			
34	Plant food properly cooked for hot holding					47 Food and non-food contact surfaces cleanable, properly designed, const and used					ructed,			
35	Approved thawing methods used					48	3		s: installed, mainta	ined, & used; t	est strips	-		
36 Thermometers provided & accurate					_	48 Warewashing facilities: installed, maintained, & used; test strips 49 Non-food contact surfaces clean								
Food Identification									Physical	Facilities				
37						50		Hot and cold water av	ailable; adequate	pressure				
Prevention of Food Contamination 38 Insects, rodents, and animals not present					-	51	L	Plumbing installed; pr	oper backflow dev	vices				
39	Contamination prevented during food preparation, storage and display				-	52 Sewage and waste water 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						-		
· · ·							'I			nated areas use e Training	u			_
						57	7	All food employees ha				T	1	_
							3	Allergen training as re				-	-	\neg
						100	1					-		1

Food Establishment Inspection Report

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Establishm	nent: Timber Creek Villag	e	Establishment #: 388					
Water Sup	pply: 🛛 Public 🗌 Priv	ate Waste	Water System: 🔀 Public 🗌	Private				
Sanitizer T	ype: Quat			Heat:				
			TEMPERATURE OBSERV/	ATIONS				
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
	All Temps in ∘F							
All C	old Holding Units ≤	41						
Chaoso sl	ices in the walk in fridg							
	he right hand side	38						
	mato on the top self in							
	ne walk in fridge	39						
	uce in single door fridge							
	on middle shelf	37						
			SERVATIONS AND CORRECT					
Number			during inspectic	me frames below.				
CFPM Ver	ification (name, expiration	on date, ID#):						
Jennifer Mollet 21631377 Exp: 10/7/2024								
НАССР То	ppic: Discussed temperat	ure control for	time and temperature controll	ed foods				
(Fa	an Maaum	N	Mar 6, 2023					

Person in Charge (Signature)

nBen

Follow-up: Yes X No (Check one)

Date

Follow-up Date: N/A

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