

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 09/01/2022
Establishment Wild Hare Cafe		No. of Repeat Risk Factor/Intervention Violations 0	Time In 10: 00 AM
License/Permit # 313		Permit Holder Andrea Neihaus	Time Out 11:00 AM
Street Address 104 Gov Oglesby Dr.		Risk Category High/Class I	
City/State Mt. Pulaski, IL		Purpose of Inspection Routine Inspection	
ZIP Code 62634			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<p>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</p>	<p>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.</p>
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Compliance Status		COS	R
Supervision			
1	In	Person in charge present, demonstrates knowledge, and performs duties	
2	In	Certified Food Protection Manager (CFPM)	
Employee Health			
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	
Good Hygienic Practices			
6	In	Proper eating, tasting, drinking, or tobacco use	
7	In	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
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	In	Adequate handwashing sinks properly supplied and accessible	
Approved Source			
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
Protection from Contamination			
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	
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	In	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	
Consumer Advisory			
25	N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	N/A	Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances			
27	In	Food additives: approved and properly used	
28	In	Toxic substances properly identified, stored, and used	
Conformance with Approved Procedures			
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
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
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		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
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
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		

Food Establishment Inspection Report

Establishment: Wild Hare Cafe

Establishment #: 313

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		potato salad on top shelf in fridge	38			
			in middle section of the kitchen	38			
Pasta Salad in fridge on middle			Butter on middle shelf				
shelf in front of Kitchen	34		in fridge in middle section of				
Quiche on bottom shelf in			Kitchen	40			
fridge in front of kitchen	40		Lunch meat on middle shelf				
Chicken noodle soup in warmer	135		in fridge in the back of the kitchen	38			

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

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

Andrea Neihaus - On File

Person in Charge (Signature)

Sep 1, 2022

Date _____

Kan Ber

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: N/A