Food Establishment Inspection Report

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	02/21/2023		
Logan County Department of Public Health 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			·		-	Time In	9:15 AM
· · · · · · · · · · · · · · · · · · ·	License/I		No. of Repeat Risk Factor/Intervention Violations (Time Out	10:00 AM
Zion Lutheran School 342			Permit Holder Risk Ca		υ,	/	
Street Address			Zion Lutheran Church	High/C	igh/Class I		
1600 Woodlawn Rd	Purpose of Inspection						
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656							

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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 k =repeat violatio	''	
Со	mpliance 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		
		GOOD	DET	

Compliance Status							
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	N/O	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

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	1	- 1/1/10
	Safe Food and Water	1/21/
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	910
34	Plant food properly cooked for hot holding	
35	Approved thawing methods used	
36	Thermometers provided & accurate	-:0:
	Food Identification	
37	Food properly labeled; original container	12,0
153	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	К
	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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Establishm	nent: Zion Lutheran Scho	ol		Establishm	ent #: 342		Page 2 of 4
Water Sup	pply: ⊠ Public □ Priv	ate Was	ste Water System: 🔀 Pul	—— blic □ Private			
	Type: Chlorine		PPM:		Heat:		
Summer	ype. emorme						
	Item/Location	Temp	TEMPERATURE O Item/Location			tem/Location	Temp
	All Temps in °F	Temp	rtemy Location	i remp	'	terry Education	Temp
	Cold Holding Units ≤	41					
7.11 6	ond Holding Office 2	'-					
Creamer	in single door fridge in						
	storage room	38					
Milk in	double door fridge in						
	tchen on left side	39					
			OBSERVATIONS AND CO	DRRECTIVE ACTION	NS		
Item Number		Violatio	ons cited in this report must I	oe corrected within the	e time frames bel	ow.	
			No violations no	oted during inspection	on		
CFPM Vei	rification (name, expiration	on date, ID#)):				
Jo	di Present- On file						
HACCP To	ppic: Discussed procedur	es for a diarr	rheal and vomiting event				
	, n =						
- Om	nela R. Fuitax		Feb 21, 2023				
Person in Ch	arge (Signature)		Date				
d	John.		Follow-up:	Yes ⊠ No (Check	one) Follo	ow-up Date: N/A	
Inspector (Si	ghature)					-	