## **Food Establishment Inspection Report**

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Local Health Department Name and Address			No. of Risk Factor/Intervention Violations		0	Date	02/22/2022
Logan County Department of Public Health					- 1	Time In	9:45 AM
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317			No. of Double Biologophy (Indonesia Niclosia)		L L		
Establishment License/		Permit #	No. of Repeat Risk Factor/Intervention Violations		0	Time Out	10:30 AM
SIp Shack 226			Permit Holder Risk Category				
Street Address			Sam and Molly		Medium/Class II		
204 SW Arc			Purpose of Inspection				
City/State ZIP Code			Routine Inspection/30 Day inspection				
Atlanta 61723			Thousand mapeed on your Buy mapeed on				
FOODDODNE II	LNIECC	DICK FACTOR	C AND DUDUC UEALTH INTEDVENT	FIONIC	,		

## 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.

COS=corrected on-site during inspection R=repeat violation						
Compliance Status COS						
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	N/O	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		- 3		
14	N/A	Required records available: shellstock tags, parasite destruction				
	GOOD RETAIL					

Compliance Status COS R									
	Protection from Contamination								
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							
	Time/Temperature Control for Safety								
18	N/A	Proper cooking time and temperatures							
19	N/A	Proper reheating procedures for hot holding							
20	In	Proper cooling time and temperature							
21	N/A	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							
	Foo	d/Color Additives and Toxic Substances							
27	N/A	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.

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

		cos	R	
	Safe Food and Water	- THE SEC.	, .	
30	Pasteurized eggs used where required			4
31	Water and ice from approved source	A		4
32	Variance obtained for specialized processing methods	y - 10		4
	Food Temperature Control			4
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	1		
	Food Identification			-
37	Food properly labeled; original container			5
- 65	Prevention of Food Contamination	0 0		5
38	Insects, rodents, and animals not present			5
39	Contamination prevented during food preparation, storage and display			5
40	Personal cleanliness			9
41	Wiping cloths: properly used and stored			- 1
42	Washing fruits and vegetables			5

		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**

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Establishment: SIp Shack			Establishment	t #: 226	rage 2 01 3
Water Supply:	rivate Waste	e Water System: 🔀 Public 🗌	Private		
Sanitizer Type: Chlorine		PPM: <u>100</u>		Heat:	
		TEMPERATURE OBSERVA	ATIONS		
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
All Temps in ∘F					
Milk in fridge in kitchen area	38				
Milk in make table fridge unde					
coffee machine	39				
	OI	BSERVATIONS AND CORRECT	IVE ACTIONS		
CFPM Verification (name, expira	ation date, ID#):				
Molly and Sam present					
HACCP Topic: Discussed hand w	ashing procedur	res used in establishment		<u> </u>	
MillyMour		Feb 22, 2022			
Person in Charge (Signature)		Date Follow-up: Yes	☑ No (Check one	2) Follow-up Date: N/A	