Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Pick Easter /Intervention Violations 0 Date 09/19										
Logan County Department of Public Health							No. of Risk Factor/Intervention Violations 0 Time In 9:3										
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Repeat Risk Factor/Intervention Violations 0 Time Out 10::								-			
Establishment License/Permit # St. Clara's Manor 394						Permit Holder Risk Category								-			
St. Clara's Manor 394 Street Address							Heritage Health High/Class I										
1450 Castle Manor Dr.							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																	
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a							ble		e important practi	•							
Mark "X" in appropriate box for COS and/or R								· · ·	ibuting factors of re control measur		-						
COS=corrected on-site during inspection R=repeat violation														_			
Compliance Status COS							Con	npliance Status					COS	R			
Ť		Supervision Person in charge present, demonstra	tos knowladza, and	<u></u>	_		45		Protection from		ation			_			
1	In	performs duties	tes kilowieuge, allu				15 16	In	Food separated an Food-contact surfa		and sanitized			-			
2	In	Certified Food Protection Manager (C	(FPM)			1			Proper disposition			1.		-			
		Employee Health					17	In	reconditioned and			,					
3	In	In Management, food employee and conditional employee;						T	ime/Temperatur	e Control fo	r Safety						
4	In	knowledge, responsibilities and reporting				$\left\{ \right\}$	18	In	Proper cooking tim								
5	In	Proper use of restriction and exclusion Procedures for responding to vomiting and diarrheal events					19	N/O	Proper reheating p				_				
- 1		Good Hygienic Practices		1	-	1	20	N/0	Proper cooling time								
6	In	Proper eating, tasting, drinking, or to	bacco use	T		11	21	N/O	Proper hot holding	•				_			
7	In	No discharge from eyes, nose, and m					22 23	In In	Proper cold holding				_				
		Preventing Contamination by	Hands				23	N/A	Proper date markin Time as a Public He			cords	_	-			
8	In	Hands clean and properly washed		1			24	17/7		r Advisory	procedures & re	corus		-			
9	In	No bare hand contact with RTE food					25	N/A	Consumer advisory		raw/undercook	ed food					
		alternative procedure properly allowed					1		Highly Suscept	·	-						
In Adequate handwashing sinks properly supplied and accessible Approved Source							26	In	Pasteurized foods	used; prohibit	ed foods not off	ered					
11	In	Food obtained from approved source	•	1				Foo	d/Color Additives	and Toxic S	Substances						
12	N/O	Food received at proper temperature		-			27	In	Food additives: app	proved and pr	operly used						
13	In	Food in good condition, safe, and una					28	In	Toxic substances p	roperly identi	fied, stored, and	used					
14	N/A	Required records available: shellstock tags, parasite				1			nformance with A								
destruction						Ц	29	In	Compliance with v	ariance/specia	alized process/H	ACCP					
	GOOD RETAIL PRACTICES																
		Good Retail Practices are prevent								•			- - + : -	_			
		nbered item is not in compliance	Mark "X" in appro	· ·			rcus		corrected on-site	uuring inspe	CLION R=re	epeat vio	cos	-			
COS F									Proper Use	of Utensils			005				
30	Pasteurized eggs used where required					43 In-use utensils: properly stored								-			
31		Water and ice from approved source				44	-	Utensils, equipment &		ored, dried, &	handled						
32						45 Single-use/single-service articles: properly stored and used											
Food Temperature Control						46 Gloves used properly											
33	Proper cooling methods used; adequate equipment for temperature control					Utensils, Equipment and Vending											
34		Plant food properly cooked for hot holding				47	7	Food and non-food co and used	ontact surfaces clear	able, properl	y designed, cons	tructed,					
35		Approved thawing methods used			_	48	3	Warewashing facilities	s: installed, maintai	ned, & used; t	est strips			\neg			
36 Thermometers provided & accurate					_	49	9	Non-food contact sur									
Food Identification								6 [.]	Physical I	acilities							
37	Food properly labeled; original container					50	0	Hot and cold water av	vailable; adequate p	ressure							
38	Prevention of Food Contamination					51	-	Plumbing installed; pr	oper backflow devi	es							
38 39	Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display				-	52	2	Sewage and waste wa	ater properly dispose	ed							
40		Personal cleanliness					3	Toilet facilities: prope									
41	Wiping cloths: properly used and stored					54	-	Garbage & refuse pro			ed						
42 Washing fruits and vegetables						55 56	-	Physical facilities insta			- 4			_			
							ין	Adequate ventilation			ea			_			
						57	7	All food employees ha	Employee					-			
							3	Allergen training as re		ъ				\neg			
						100	1							1			

Food Establishment Inspection Report

Establishment: St. Clara's Manor Establishment #: 394					
Water Supply: 🔀 Public 🗌 Private 🛛 Waste Water System: 🔀 Public 🗌 Private					
Sanitizer Type: Quat PPM: 200 Heat:	Heat:				
TEMPERATURE OBSERVATIONS					
Item/Location Temp Item/Location Temp Item/Location	Temp				
All Temps in °F					
All Cold Holding Units ≤ 41 Peas in on middle shelf in					
walk in cooler 38					
Rice pudding in oven in process Sausage links on bottom shelf in					
of being cooked 266 walk in cooler 39					
Shredded cheese in bottom					
portion of make table by stove 38					
Sliced ham in top portion of mak					
table next to stove 39					
OBSERVATIONS AND CORRECTIVE ACTIONS					
Item Number					
No Violations were noted during inspection					
CFPM Verification (name, expiration date, ID#):					
Kay Constant - on file					
HACCP Topic: Discussed proper cooking times and temperatures for time and temperatures controlled foods					
Sannah Kilk					
Person in Charge (Signature) Date					
Person in Charge (Signature) Date					
Follow-up: 🗌 Yes 🛛 No (Check one) Follow-up Date: N/A					

Inspector (Signature)

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