## Food Establishment Inspection Report

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Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 02/16							/2022	2		
Logan County Department of Public Health												9:00	0 AM			
109 3rd St, P.O. Box 508, Lincoln, IL 62656         Phone: (217) 735-2317           Establishment         License/Permit #						No. of Papast Bick Easter (Intervention Violations 0						10:0	0 AM			
Starbucks Coffee #60506 294						Permit Holder Risk Category							-			
Street Address						Starbucks Corporate Medium Risk/ Class 2										
3103 Woodlawn Rd						Purpose of Inspection										
City/State ZIP Code						- Routine Inspection/30 Day inspection										
Linc	Lincoln 62656															
	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
	Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered							Pick factors are	important practic	of or proc	duras idantif	iod as th	~ ~~~			
IN=in compliance OUT=not in compliance N/O=not observed N/A=not							plicable Risk factors are important practices or procedures identified a prevalent contributing factors of foodborne illness or injury. Pu									
Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection <b>R</b> =repeat violation							interventions are control measures to prevent foodborne illness or inju									
Compliance Status COS							Con	anlianco Status				2	cos	R		
con		Supervision		1005		R         Compliance Status         COS         R           Protection from Contamination         COS         R								-		
. 1		Person in charge present, demonstra	tes knowledge, and	- <u></u>	<u> </u>		15	In	Food separated and			1	1	-		
1	In	performs duties					16	In	Food-contact surfac		ind sanitized			-		
2	In	Certified Food Protection Manager (C	FPM)				17	In	Proper disposition o	f returned, p	reviously serve	d,				
		Employee Health			_		11		reconditioned and u					_		
3	In	Management, food employee and co knowledge, responsibilities and report				Time/Temperature Control for Safety							_			
4	In	Proper use of restriction and exclusio				1	18 19	N/O	Proper cooking time					_		
5	In	Procedures for responding to vomitin	g and diarrheal events			1	20	N/A N/O	Proper reheating proper cooling time				_	-		
		Good Hygienic Practices					20	N/O	Proper hot holding t				2			
6	In	Proper eating, tasting, drinking, or to	bacco use				22	In	Proper cold holding	•				-		
7	In	No discharge from eyes, nose, and m	outh				23	In	Proper date marking	•						
		Preventing Contamination by I	lands				24	N/A	Time as a Public Hea			ecords				
8	In	Hands clean and properly washed							Consumer	Advisory	-					
9	N/O	No bare hand contact with RTE food of alternative procedure properly allow					25	N/A	Consumer advisory	provided for	raw/undercool	ked food				
10	In	Adequate handwashing sinks proper		e					Highly Susceptib	le Populat	ions					
		Approved Source	<i>,</i> ,,,	_			26	N/A	Pasteurized foods us	ed; prohibit	ed foods not of	fered				
11	In	Food obtained from approved source		1		11			d/Color Additives					_		
12	N/O	Food received at proper temperature					27	N/A	Food additives: appr							
13	In	Food in good condition, safe, and una	dulterated				28	In	Toxic substances pro			dused				
14	N/A	Required records available: shellstock	tags, parasite				20		nformance with A					_		
If a struction     Image: Second structure       GOOD RETAIL PRACTICES											-					
		Good Retail Practices are prevent	-						als and physical s	hiosts into	foods					
м		bered item is not in compliance	Mark "X" in appr					1 0 /	corrected on-site d			epeat vi	olatio	n		
							,					cos	-			
Safe Food and Water						Proper Use of Utensils										
30	Pasteurized eggs used where required					43 In-use utensils: properly stored										
31	Water and ice from	Water and ice from approved source				44	44 Utensils, equipment & linens: properly stored, dried, & handled									
32						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, Equipme		-			_		
34	Plant food properly cooked for hot holding					47	7	Food and non-food co and used	ontact surraces cleana	ible, properi	y designed, con	structea,				
35 36	Approved thawing methods used Thermometers provided & accurate			- 10	-	48	8	Warewashing facilities	s: installed, maintaine	ed, & used; t	est strips					
36 Thermometers provided & accurate Food Identification					-	49	<u>۹</u>	Non-food contact surf	faces clean							
37 Food properly labeled; original container						Physical Facilities										
Prevention of Food Contamination						50	-	Hot and cold water av						_		
38 Insects, rodents, and animals not present						51	-	Plumbing installed; pr								
39	Contamination prevented during food preparation, storage and display					52	-	Sewage and waste wa			ed			_		
40						53     Toilet facilities: properly constructed, supplied, & cleaned       54     Garbage & refuse properly disposed; facilities maintained							$\neg$			
41 Wiping cloths: properly used and stored						55	-	Physical facilities insta					_	-		
42 Washing fruits and vegetables						56	-	Adequate ventilation			ed					
							1		Employee 1							
						57	7	All food employees ha	ave food handler train	ning						
						58	в	Allergen training as re	quired							

## Food Establishment Inspection Report

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Establishn	ment: Starbucks Coffee #6	50506	Establishment #: 294									
Water Sup	pply: 🛛 Public 🗌 Priv	vate Waste	Water System: 🔀 Public 🗌	Private								
Sanitizer T	Type: Chlorine			Heat:								
			TEMPERATURE OBSERVA	ATIONS								
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp						
	All Temps in °F											
	Freezer >0 F											
Milk in Drink Fridge on right side 39												
Sai	ndwiches in fridge	38										
Milk in back room storage fridg												
Milk in beverage fridge on left sign 40												
lt a un			SERVATIONS AND CORRECT									
ltem Number		Violations	cited in this report must be correc	ted within the t	ime frames below.							
	No Violations noted during inspection											
CFPM Ve	rification (name, expiration	on date, ID#):										
	Natalie Campise											
DxE32 Exp: sept 8, 2026												
ΗΑССΡ Τα	opic: Discussed routine cl	eaning schedul	e and chemical storage.									
$\sim$												
in	y h	$\sim$	Nov 15, 2021									
Person in ch	narge (Signature)		Date									
٦												

Ogn Ban

Inspector (Signature)

Follow-up: 🗌 Yes 🔀 No (Check one)

Follow-up Date: N/A

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