Food Establishment Inspection Report

													Pa	ige 1	of
Local Health Department Name and Address						No. o	of Ri	isk Fac	tor/Intervent	ion Violations	0	Date	01/2	24/20	19
Woodford County Health Department						No. of Risk Factor/Intervention Violations 0					Time In 11:05 AN		л		
1831 S. Main Street, Eureka, IL 61530 Establishment License,				- #	\dashv	No. of Repeat Risk Factor/Intervention Viola				tervention Violatio	ins ()	Time Out	12:	45 PN	
Eureka Middle School 19 063			1	, W	İ	Permit Holder Risk Category							_		
Street Address						CUSD #140									
200	5 S. Main Street				Ī	Purpo	ose	of Ins	pection	·					_
City	/State		ZIP Co	de		Dout	ina I	Insped	atlan						
Eur	eka, IL		61530	1	ļ	Kouti	me i	maper	LLION						
		FOODBORNE	ILLNESS RISK	FACTO	DRS	AN	ID I	PUB	LIC HEALT	H INTERVENT	IONS			`	
	Circle designa	ted compliance status (IN, OUT,													
ı	N≔in compliance	OUT=not in compliance N/ Mark "X" in appropriate box	O=not observed for COS and/or R	N/A≃n			able	•	prevalent co	are important prac ntributing factors o are control measu	f foodborne	illness or inju	ry. Publ	lic he	alth
	· · · · · · · · · · · · · · · · · · ·	corrected on-site during Inspect	ion R=repeat v				1.							, -	·
Com	pllance Status	***************************************			os	R	100	omplia	nce Status			·		COS	1
		Supervision					<u> </u>			Protection fro		nation			
1	In	Person in charge present, demonst performs duties	rates knowledge, an	a			15		łn .	Food separated a			·····		╄
2	ln .	Certified Food Protection Manager	(CFPM)	\neg			16)	<u>ln</u>	Food-contact surf					╄
		Employee Health	<u> </u>				17	,	In	Proper disposition reconditioned and			ea,		
3	In	Management, food employee and	conditional employe	e;	Т			- 		Time/Temperatu	re Control fo	or Safety		<u> </u>	_
_		knowledge, responsibilities and rep	· · · · · · · · · · · · · · · · · · ·			_	18	1	I n	Proper cooking tis			***************************************	T	Т
4	<u>In</u>	Proper use of restriction and exclus			_		19)	N/O	Proper reheating	procedures fo	or hot holding		1	†
5	ln .	Procedures for responding to vomi		ents	_[_	_	20)	N/O	Proper cooling tin	ne and tempe	rature		1	T
····		Good Hygienic Practice			r		21		ln	Proper hot holdin	g temperatur	es			\vdash
6	ln .	Proper eating, tasting, drinking, or t		\longrightarrow		_	22	!	in	Proper cold holdin	ng temperatur	res		1	T
7	<u>In</u>	No discharge from eyes, nose, and	mouth				23	3	Jn	Proper date mark	ing and dispos	sition		1	T
		Preventing Contamination by	y Hands				24	ı	N/A	Time as a Public H	ealth Control	; procedures & r	ecords	1	†
8	ln	Hands clean and properly washed					-		· · · · · · · · · · · · · · · · · · ·	 	er Advisory			- 4	
ا و	i n	No bare hand contact with RTE foo		ļ			25	<u>; [</u>	N/A	Consumer advisor		r raw/undercoo	ked food	ī	T
+		alternative procedure properly allo		+						Highly Suscep			,		٠
LO	<u>In</u>	Adequate handwashing sinks prope	erly supplied and acc	essible [l_		26	j i	In	Pasteurized foods			fered	1	T
	,	Approved Source					F			ood/Color Additive		*···		1	<u>Ļ</u>
11	<u>In</u>	Food obtained from approved sour					27	7	N/A	Food additives: ap	 		···········	Т	Ť
12	<u>In</u>	Food received at proper temperatu		\longrightarrow	_	_	28	+-	In	Toxic substances			d uced	_	\vdash
1.3	<u>In</u>	Food in good condition, safe, and u	· . · · · · · · · · · · · · · · · · · ·				-	٠		onformance with	· · · · · · · · · · · · · · · · · · ·			1	۲.
4	N/A	Required records available: shellsto destruction	ck tags, parasite	1			29	,	N/A	Compliance with			НАССР	T : :	Ť
	• • •	- Additional Control of the Control	G	OOD R	ETI	(11 E	<u>. </u>	ــــــــــــــــــــــــــــــــــــــ		- I - I - I - I - I - I - I - I - I - I		minad processy.	71001	1	ــــــــــــــــــــــــــــــــــــــ
		Cand Datail Departure are provided													
M		Good Retail Practices are prever mbered item is not in compliance								nicais, and physica 5=corrected on-site	-		epeat v	dalati	
1471	A III DOXII II II	Tiber ea retir is not in compilation	C IVIDIK X III (cos	_				7/01 K COC	-corrected on-site	Cornig msp	ection K-1	epeat v	_	
		Safe Food and Water			Т.,	┪┝╌				Dranavilles	of Utensils			cos	L'
30	Dacteurized error I	sed where required			Ť.	4	2	lin II	ise utensils: pro		OI Otelishs	<u> </u>	·	1	
11		n approved source		-	-	4					rarad detect 0) handlad		ļ	\vdash
2			<u> </u>	$-\vdash$	╁		_			t & linens: properly st				 	├-
121	variance obtained	for specialized processing methods Food Temperature Control		—	<u> </u>	4:		Single-use/single-service articles: properly stored and used							┡
-a I	I p				Γ.	41	ь	Glo	ves used proper			. TFo .			L_
3		thods used; adequate equipment for	temperature contro	4	┞	↓ -	-	1-		Utensils, Equipm					т-
4		y cooked for hot holding				4	7 X		id and non-tood I used	contact surfaces clea	nable, proper	ly designed, con	structed	ly .	ı
5	Approved thawing				<u> </u>	48	8		· · · · · · · · · · · · · · · · · · ·	ties: installed, maintal	ned, & used:	test strips		 	H
6	Thermometers pro				<u>L</u>	49	_	-	1-food contact s					 	┢
	<u> </u>	Food Identification			_] -			· · · ·	Physical	Facilities			٠	i,
7	Food properly labe	eled; original container			<u> </u>	50	n	Hot	and cold water	available; adequate p			· · · · · · · · · · · · · · · · · · ·	T	Γ
		Prevention of Food Contamin	ation			5:				proper backflow devi				╁	
8	Insects, rodents, a	nd animals not present				57				water properly dispos				1	⊢
9	Contamination pre	vented during food preparation, stor	rage and display			53		+-					····		├
٥	Personal cleanline	s\$								perly constructed, sur					⊢
1	Wiping cloths: pro	perly used and stored		1	1	54				roperly disposed; faci		nea		ļ	
12 Washing fruits and vegetables				T	55			· · · · · · · · · · · · · · · · · · ·	stalled, maintained, a		 		1	_	
						56	ь	Ade	quate ventilatio	on and lighting; design		ed		<u></u>	
						<u> </u>	<u> </u>	· · · · · ·		Employee				<u> </u>	_
						57	-			have food handler tra	alning			1	_
						158	R	Alle	rgen training as	required				1	1

Food Establishment Inspection Report

Fetablich	ment: Eureka Middle Sci	haal		Establishmen	+ #. 10.002	Page 2 of 3					
	***************************************				1#: 19 063						
Water Su	pply: 🛛 Public 🗌 Pr	ivate Wast	e Water System: 🔀 P	ublic Private							
Sanitizer	Type: Chlorine/Quatern	ary ammonium	PPM	50/200	Heat: <u>181</u>						
			TEMPERATURE (DBSERVATIONS							
	Item/Location	Temp	on Temp	Item/Location	Temp						
Bake	ed beans/serving line	180	Cottage cheese/sa	alad bar 41	Turkey/WIC	39					
Ho	ot dogs/serving line	193	Diced ham/sala	d bar 41	Ham/WIC	40					
Chi	li sauce/serving line	168	Pasta salad/sala	d bar 41	Shredded cheese/WIC	38					
	Hot dogs/stove	190	Cut lettuce/sala	d bar 41							
В	aked beans/stove	167	Diced eggs/sala	d bar 41							
			Turkey sandwic	h/RIC 41							
			Ham sandwich	/RIC 41	***						
			Diced ham/W	/IC 38							
			French toast stick	s/WIC 36							
		OI	BSERVATIONS AND C	ORRECTIVE ACTIONS							
Item Number		Violation	s cited in this report must	be corrected within the ti	me frames below.						
47	4-205.10 (C) Observed	in WIC diced ha	ım stored in direct con	tact with unapproved pl	astic container originally labeled P	rairie Farms					
					in the original food package in a c						
Please correct this violation within 90 days or at least by next routine inspection 47 4-101.19 (C) Observed in kitchen microwave (Panasonic) stored on unfinished plywood on metal shelp						ment sink.					
	Non food-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent										
			ucted of a corrosion-resistant, non-absorbent, and smooth material. Please correct this violation within								
******		90 days or at least by next routine inspection.									
	, and the second										
·											
						·····					
CFPM Ve	rification (name, expirat	ion date, ID#): J	lanet Hartter	· · · · · · · · · · · · · · · · · · ·							
01	Janet Hartter 703399 - IL FSSMC Exp. 3/2021	01668	a Hinrichsen 762 - IL FSSMC p. 3/2020	Jill Gudeman 16299632 - ServS Exp. 4/2023		Stephanie Beatenhead 21441080 - NRFSP Exp. 3/2023					
HACCP To	opic: TCS food cooking to	_ _									
An.	La de	71/2"	Jan 24, 2019								
Petson in Chi	arge (Signature)	ser	Date								
	G- InDiana. at		W. C.								
.,	Paul Willy war	(EL)	Follow-up:	Yes No (Check one) Follow-up Date:						
nspector (Sig	gnáture)	\ /									

Food Establishment Inspection Report

Establishment: Eureka Middle School

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tsta	DI	usn	ment	. #:	19	UDS

	OBSERVATIONS AND CORRECTIVE ACTIONS				
Item Number	Violations cited in this report must be corrected within the time frames below.				
	Please correct any core (C) violations noted above ASAP, but at least by next routine inspection				
	Please go to our website to view/print the WCHD Connection quarterly newsletter				
	Facility is still classified as a Category I food establishment				
	Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (concessions,				
	grill, barbeque, steak-fry, cook-out, etc.), a temporary food/drink permit must be applied for & approved by WCHD.				
	WCHD provides free food safety in-services to establishments & their staff				
	Next certified food protection manager 8-hour class offered @ WCHD: March 5 & 7, 2019				
	Effective January 1, 2017, Food Handler certification is required for all food employees who do not already have CFPM or IL FSSMC				
	certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact				
	surfaces. Food handler certification is required 30 days from the hire date of food employees and valid for three (3) years from				
	date of issuance.				
	Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and				
	within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances & exits;				
	no vaping or e-cigarette use in food & drink prep area, dishwashing area, and storage area; no smoking within building structure.				
	Observed temperature log sheets for monitoring temperatures of WIC, WIF, RICs, & RIFs				
:					
	·				
•					
Jan 24, 2019 Person in Charge (Signature) Date					
nspector (Sign	Paul Mbi, was Pollow-up: ☐ Yes ☑ No (Check one) Follow-up Date:				