

Food Establishment Inspection Report

Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations	2	Date	04/01/2019
		Establishment Petri's Pour House		License/Permit #	19 058
Street Address 436 N. Chestnut Street		Permit Holder Petri's Pour House Inc		Risk Category	1
City/State MInonk, IL		ZIP Code 61760		Purpose of Inspection Routine Inspection	
No. of Repeat Risk Factor/Intervention Violations		0		Time In	10:30 AM
				Time Out	12:35 PM

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.

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	In			15	In		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	In			16	Out		X
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health				Time/Temperature Control for Safety			
3	In			17	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In			18	In		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	In			19	In		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
Good Hygienic Practices				Consumer Advisory			
6	In			20	N/O		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	In			21	In		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
Preventing Contamination by Hands				Highly Susceptible Populations			
8	In			22	In		
Hands clean and properly washed				Proper cold holding temperatures			
9	In			23	In		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Proper date marking and disposition			
10	In			24	N/A		
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records			
Approved Source				Food/Color Additives and Toxic Substances			
11	In			25	Out		X
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	N/O			Conformance with Approved Procedures			
Food received at proper temperature				26	N/A		
13	In			Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				Food/Color Additives and Toxic Substances			
14	N/A			27	N/A		
Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used			
				28	In		
				Toxic substances properly identified, stored, and used			
				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			COS	R
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 approved source			44	X Utensils, equipment & linens: properly stored, dried, & handled		
32	Variance obtained for specialized processing methods			45	Single-use/single-service articles: properly stored and used		
Food Temperature Control				Utensils, Equipment and Vending			
33	Proper cooling methods used; adequate equipment for temperature control			46	Gloves used properly		
34	Plant food properly cooked for hot holding			Physical Facilities			
35	Approved thawing methods used			47	X Food and non-food contact surfaces cleanable, properly designed, constructed, and used		X
36	Thermometers provided & accurate			48	Warewashing facilities: installed, maintained, & used; test strips		
Food Identification				49	Non-food contact surfaces clean		
37	X Food properly labeled; original container		X	Employee Training			
Prevention of Food Contamination				50	Hot and cold water available; adequate pressure		
38	Insects, rodents, and animals not present			51	Plumbing installed; proper backflow devices		
39	X Contamination prevented during food preparation, storage and display		X	52	Sewage and waste water properly disposed		
40	Personal cleanliness			53	Toilet facilities: properly constructed, supplied, & cleaned		
41	Wiping cloths: properly used and stored			54	Garbage & refuse properly disposed; facilities maintained		
42	Washing fruits and vegetables			55	Physical facilities installed, maintained, and clean		
				56	X 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

Establishment: Petri's Pour House

Establishment #: 19 058

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quaternary ammonium

PPM: <200

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese/reheating	74	Cut lettuce/pan	48	Macaroni salad/RIC	40
Chili/soup urn	188	Sliced tomatoes/pan	48	Pasta salad/RIC	40
Chicken vegetable soup/soup urn	181	Cut lettuce/pan	41		
Grilled cheese/griddle	145	Shredded cheese/RIC pizza prep	40		
Cheese/crock pot	165	Sausage/RIC pizza prep	40		
		Cole slaw/RIC pizza prep	39		
		Canadian bacon/RIC pizza prep	39		
		Housemade ranch dressing/RIC	40		
		Housemade Italian dressing/RIC	39		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
16	4-501.114 (P) Observed with test kit concentration of quaternary ammonium sanitizing solution in 3-compartment sink less than 200 ppm. Using test kit provided at establishment, concentration of quaternary ammonium sanitizing solution also indicated less than 200 ppm. Using food temperature measuring device with metal-stem, temperature of quaternary ammonium sanitizing solution was 58° F. Additional quaternary ammonium sanitizing solution added to 3-compartment sink by male person-in-charge during inspection. Recheck = 200 ppm - OK.
25	3-603.11 (Pf) Observed a consumer advisory is not provided for serving raw or undercooked food. Discussed disclosure and reminder requirements with male person-in-charge during inspection. Consumer advisory sign provided to establishment during inspection.
37	3-601.11 (C) Observed in kitchen squeeze container of yellow liquid food substance without name identifying contents on container. Food substance was butter and labeled by female food employee during inspection.
39	3-305.14 (C) Observed in basement in RIF two (2) loaves of bread stored uncovered on plastic bag. Loaves of bread placed into plastic bag by male person-in-charge during inspection.
44	4-903.11 (C) Observed in kitchen griddle utensils stored incorrectly in open cardboard box lid on shelf below griddle. Clean utensils shall be properly stored so food-contact surfaces are protected from contamination. Please correct this violation within 90 days or at least by next routine inspection.

CFPM Verification (name, expiration date, ID#): Virgil N. Petri

Virgil N. Petri 21201735 - NRFSP Exp. 3/2021	John Glowacki 21487641 - NRFSP Exp. 7/2023		
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HACCP Topic: TCS food temperature requirements, date-labeling requirements, employee health policy requirements

Person in Charge (Signature) _____ Date Apr 1, 2019

Inspector (Signature) Paul Wilby wcp EL
 Follow-up: Yes No (Check one) Follow-up Date: _____

