Food Establishment Inspection Report

													Pag	ge 1	of 3
Loca	i Health Departme	nt Name and Address				No	nf	Rick	Factor/Intervention	1 Violations	6	Date	04/09	9/201	9
	odford County Heal					INU	. 01	NISK	i actor/intervention	1 AIDIGEORI2	6	Time In		 5 PM	
	1 S. Main Street, Eu	ireka, IL 61530	T.:			No	. of	Rep	eat Risk Factor/Inte	rvention Violations	0	Time Out		5 PM	
1	blishment		License/Permit	#		Per	rmit	Hol	der	Rick	Categor		4.0.	J P IVI	
	s Place et Address	· · · · · · · · · · · · · · · · · · ·	19 148			1		lace		II II	Catcgoi	,			
1	et Audress E. Mt Vernon Stree	ot				Pui	rpos	e of	Inspection						
1	/State	••	ZIP Cod	de	-	1	•		·						
	amora, IL		61548			Ro	utin	e Ins	spection						
	•	FOODBORNE I	LINESS RISK	FACT	ΛR	SΔ	NΓ	PI	IRLIC HEALTH	INTERVENTION	ıs				
	Clarita di si sun et								DEIC HEALIN	HATEKACIATION	<u>د.</u>				
١,	urcie designat N=in compliance	ed compliance status (IN, OUT, N OUT≕not in compliance N/C	i/U, N/A) for each D=not observed	numbe N/A≕r				ما	Risk factors are	e important practices	or proce	edures identif	ied as ti	ne mo	ost
	14-m compilance	Mark "X" in appropriate box for		10/ 34	ii.	пррп	ICHI	16		ibuting factors of foo		•			
	COS=	corrected on-site during inspecti	•	iolation					interventions a	re control measures to	o prevei	nt foodborne	illness o	r inju	ry.
Com	pliance Status			- 0	05	R		Com	pilance Status					cos	R
		Supervision	······································			l	1		<u> </u>	Protection from Co	ntamina	ation		L	
1	Out	Person in charge present, demonstra	ates knowledge, and	. I	×		1	15	ln	Food separated and pro	tected			l	T
Щ		performs duties			\triangle	ļ		16	Out	Food-contact surfaces;	cleaned a	and sanitized			
2	Out	Certified Food Protection Manager (CFPM)			L		17	ln .	Proper disposition of re		reviously serve	d,		
· · · · ·		Employee Health					-			reconditioned and unsa					<u> </u>
3	ln	Management, food employee and co knowledge, responsibilities and repo		*			-			ime/Temperature Co					г
4	In	Proper use of restriction and exclusive					I -	18	N/O	Proper cooking time an	•				<u> </u>
5	Out	Procedures for responding to vomiti	 	ents	$\overline{\mathbf{x}}$		I ⊩	19	N/A	Proper reheating proce					ļ
		Good Hygienic Practices			<u> </u>) h	20	N/A	Proper cooling time and	<u>-</u>				
6	ln .	Proper eating, tasting, drinking, or to	·				l F	21	N/O	Proper hot holding tem		·			ļ
7	ln	No discharge from eyes, nose, and n	· · · · · · · · · · · · · · · · · · ·				l	22	ln .	Proper cold holding ten	<u> </u>				ļ
<u> </u>		Preventing Contamination by					1 1	23	ln N/4	Proper date marking an					ļ
8	ln .	Hands clean and properly washed		\Box		Γ'	-	24	N/A	Time as a Public Health		procedures & re	ecords	L	l
\vdash		No bare hand contact with RTE food	or a pre-approved					ac		Consumer Ad					T
9	in	alternative procedure properly allow					ŀ	25	N/A	Consumer advisory pro			red food	L	L
10	Out	Adequate handwashing sinks proper	ly supplied and acce	essible	\times		<u> </u> -	26	N/A	Highly Susceptible		 	· · · · · · ·		
	<u> </u>	Approved Source					-	20		Pasteurized foods used	···		fered		Ĺ
11	In	Food obtained from approved source	e					٠- ا	· · · · · · · · · · · · · · · · · · ·	d/Color Additives and					-
12	N/O	Food received at proper temperatur	e				l ⊩	27 28	N/A Out	Food additives: approve	-	 		· ·	-
13	<u>In</u>	Food in good condition, safe, and un	adulterated				ŀ	20	<u> </u>	Toxic substances proper			a usea	×	Щ.
14	N/A	Required records available: shellstoo destruction	k tags, parasite				 -	29	N/A	nformance with Appr Compliance with varian			MCCD		· · ·
		Laestraction	C	300 E) ET	CATI	ــــــــــــــــــــــــــــــــــــــ		CTICES	Computative With Virian	ce/specia	inzed processy in	MCCr		<u></u>
		Good Retail Practices are preven								nala pud abusiani abia		for a de			
Ma		nbered item is not in compliance								cais, and physical obje corrected on-site duri			epeat vi	olatic	n.
		······································		cos										cos	
		Safe Food and Water		!			Г			Proper Use of U	tensils				
30	Pasteurized eggs u	sed where required			T		43		In-use utensils; prope						Γ_
31	Water and ice fron	n approved source			1		44		Utensils, equipment 8	linens: properly stored,	dried, &	handled	-		$\overline{}$
32	Variance obtained	for specialized processing methods			Τ		45		Single-use/single-serv	ice articles: properly stor	red and u	sed			
		Food Temperature Contro	l				46		Gloves used properly						
33	Proper cooling me	thods used; adequate equipment for t	temperature contro	ī	T			·		Utensils, Equipment a	ınd Ven	ding			
34	Plant food properly	y cooked for hot holding			_		47	П		ontact surfaces cleanable	, properh	y designed, con	structed,		i
35	Approved thawing	methods used	· · · · · · · · · · · · · · · · · · ·		1		L.	\vdash	and used						
36	Thermometers pro	vided & accurate	· · · · · · · · · · · · · · · · · · ·		1		48			s: installed, maintained,	& used; t	est strips			-
		Food Identification					49	X	Non-food contact surf						
37	Food properly labe	eled; original container			Т		_			Physical Facili		· · · · · · · · · · · · · · · · · · ·			
		Prevention of Food Contamina	ition			٦	50	\vdash		ailable; adequate pressu	re	·			
38	Insects, rodents, a	nd animals not present		\top	T	7	51		Plumbing installed; pr						—
39	Contamination pre	vented during food preparation, stora	age and display		1	7	52		Sewage and waste wa		a .				
40	Personal cleanlines	55			1	7	53	\vdash		rly constructed, supplied					
41 >	Wiping cloths: prop	perly used and stored		X	\top	1	54			perly disposed; facilities		38			
42	Washing fruits and	vegetables			T	7	55	-		illed, maintained, and cle					
						_	56		Adequate ventilation a	and lighting; designated		u			
							67	, ,	All food and laves - 1-	Employee Trai		 			
							57 58	$\vdash \vdash$		ve food handler training					
							36	1 1	Allergen training as re	quiteu					. !

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Establishr	ment: Sue's Place			Establishmen	t #: 19 148	Page 2 of 3					
Water Su	pply: 🛛 Public 🗌 Priva	te Waste	Water System: ⊠ Public	Private	Martin Control of the						
	Type: Chlorine		PPM: 50/<		Heat: N/A						
			TEMPERATURE OBSE	RVATIONS							
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp					
			Pizza/RIF	0							
					- 11						
			SERVATIONS AND CORRI	CTIVE ACTIONS							
Itom			the state of the s								
Item Number			cited in this report must be co								
1	2-102.11 (Pf) Observed female person-in-charge did not demonstrate knowledge of how to properly store, dispense, and use tox										
chemicals and priority violation (item #28) noted during inspection. Discussed proper toxic chemical safety for foo with female person-in-charge and female food employee during inspection.					establishment						
					during inspection.						
. 2	2-102.12 (C) Observed female person-in-charge on-site during this inspection does not have certified food protection manager										
	ertification. This facility is categorized as a Category II food establishment, and the person-in-charge must have CFPM or IL FSSMC										
certification and be on the premises during all hours of operation. Observed documentation that three (3) food employees CFPM certification. Provide an adequate number of staff with approved CFPM certification to ensure that the person-in-cl has CFPM certification and is on the premises during all hours of operation. Please correct this violation within 90 days or a					entation that three (3) food emp	oloyees have					
					ys or at least						
			by next routine	inspection.							
5	2-501.11 (Pf) Observed fo	od establishr	nent could not locate writte	n procedures for f	ood employees to follow when r	esponding to					
	discharging of vomit	tus or fecal m	atter. Procedures for respor	nding to vomit/dia	rrheal event provided during ins	pection.					
10	6-301.14 (C) Observed s	sign or poster	that notifies food employee	es to wash their ha	ands is not provided at handwash	ning sinks in					
			<u> </u>		and washing signs provided durin						
16					and food particles. The food-cor						
	of cooking and baking ed	quipment sha	II be cleaned at least every 2	24 hours. Please co	orrect this violation within 90 day	ys or at least					
			by next routine	inspection.							
CFPM Ve	rification (name, expiration	date, ID#): S	iue Gangloff								
	amantha Carrigan		ifer Prather	Rhonda Fries							
13	3983790 - ServSafe Exp. 8/2021		l04 - IL FSSMC p. 1/2021	21441087 - NRF Exp. 3/2023	SP						
НАССР Т			nployee health policy requir		mical safety requirements						
	Opini 105 100 a booking term										
()		c 8									
يلالي	E Janglo		Apr 9, 2019								
Person in Ch	narge (Signature)		Date								
	1										
	flaul Willy wenn	(EL)_	Follow-up: Ye	s 🔀 No. (Check on	e) Follow-up Date:						
Inspector (S	ignature)										

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Establishment #: 19 148 Establishment: Sue's Place

	••••							
	OBSERVATIONS AND CORRECTIVE ACTIONS							
Item Number	Violations cited in this report must be corrected within the time frames below.							
28	7-201.11 (P) Observed in back storage area can of Glade air freshener stored on black plastic shelf above food products. Glade							
	air freshener removed to another shelf away from food by female food employee during inspection.							
41.	3-304.14 (C) Observed at bar moist-wipe cloth in container used for swabbing in chlorine sanitizing solution less than 50 ppm at							
	75° F. Additional chlorine added to moist-wipe cloth container by female food employee during inspection.							
	Recheck = 50 ppm - OK.							
49	4-601.11 (C) Observed at bar pizza oven crumb tray soiled with accumulated debris and food particles. Non food-contact surfaces							
	of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Please correct this violation within							
	90 days or at least by next routine inspection.							
49	4-602.13 (C) Observed in WIC accumulated dust and debris on cooking fan grill covers. Please correct this violation within 90 days							
	or at least by next routine inspection.							
49	4-602.13 (C) Observed at bar in right-side RIC (beer, north) accumulated debris on shelf below plastic tray and clean glasses.							
	Please correct this violation within 90 days or at least by next routine inspection.							
55	6-501.12 (C) Observed in WIC walls soiled with accumulated debris and white substance. Please correct this violation within 90							
	days or at least by next routine inspection.							
55	6-501.11 (C) Observed in WIC middle of ceiling damaged, temporarily repaired with black tape, and not maintained in good repair							
	Please correct this violation within 90 days or at least by next routine inspection.							
	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 II food establishment							
	Effective January 1, 2019, the person-in-charge must have CFPM or IL FSSMC certification and be on the premises during all hours							
	of operation.							
	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 & exam at WCHD: June 2019							
	Effective January 1, 2017, Food Handler certification is required for all food employees who do not already have CFPM or IL FSSM							
	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.							
	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							
\ D)	16 Gana 10 FF Apr 9, 2019							
erson in Ch	narge (Signature) Date							

Taul Willy ways Follow-up: Yes No (Check one) Follow-up Date: Inspector (Signature) IOCI 17-356 (IIII)