

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	3	Date	04/30/2019
		No. of Repeat Risk Factor/Intervention Violations		0	Time In
Establishment Minit Mart #630	License/Permit # 19 147	Permit Holder Minit Mart LLC		Risk Category II	
Street Address 680 W. Main Street		Purpose of Inspection Routine Inspection			
City/State El Paso, IL	ZIP Code 61738				

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
Supervision			
1	In		
Person in charge present, demonstrates knowledge, and performs duties			
2	Out		
Certified Food Protection Manager (CFPM)			
Employee Health			
3	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	In		
Proper use of restriction and exclusion			
5	In		
Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices			
6	In		
Proper eating, tasting, drinking, or tobacco use			
7	In		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	In		
Hands clean and properly washed			
9	In		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	Out		X
Adequate handwashing sinks properly supplied and accessible			
Approved Source			
11	In		
Food obtained from approved source			
12	N/O		
Food received at proper temperature			
13	In		
Food in good condition, safe, and unadulterated			
14	N/A		
Required records available: shellstock tags, parasite destruction			

Compliance Status		COS	R
Protection from Contamination			
15	In		
Food separated and protected			
16	In		
Food-contact surfaces; cleaned and sanitized			
17	In		
Proper disposition of returned, previously served, reconditioned and unsafe food			
Time/Temperature Control for Safety			
18	N/O		
Proper cooking time and temperatures			
19	N/A		
Proper reheating procedures for hot holding			
20	N/A		
Proper cooling time and temperature			
21	Out		X
Proper hot holding temperatures			
22	In		
Proper cold holding temperatures			
23	In		
Proper date marking and disposition			
24	N/A		
Time as a Public Health Control; procedures & records			
Consumer Advisory			
25	N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	N/A		
Food additives: approved and properly used			
28	In		
Toxic substances properly identified, stored, and used			
Conformance with Approved Procedures			
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

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		X
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, and animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored and used		X
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		X
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot and cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage and waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, and clean		
56	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: Minit Mart #630

Establishment #: 19 147

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
Hamburger/hot-holding unit	136	Creme/dispensing unit	38	WIC/west wall	36
Bacon-egg-cheese roller/roller	133	Big AZ sandwich/open RIC	41	open RIC/store aisle	35
Sausage-egg-cheese roller/roller	137	Deli express sandwich/WIC	38	RIF/back room	-5
				open RIC/cashier	40
				Creme dispensing unit/counter	38
				RIF ice cream/store aisle	0


OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
2	2-102.12 (C) Observed documentation that only the female person-in-charge has current certified food protection manager certification. This facility is classified as a Category II food establishment, and the person-in-charge must have current CFPM or IL IL FSSMC certification and be on the premises during all hours of operation. Provide an adequate number of staff with approved CFPM certification to ensure that the person-in-charge has CFPM certification and is on the premises during all hours of operation. Please correct this violation within 90 days or at least by next routine inspection.
10	6-301.14 (C) Observed in men's restroom a sign or poster that notifies food employees to wash their hands is not provided at handwashing sinks used by food employees. Hand washing signs provided during inspection.
21	3-501.16 (P) Observed in hot-holding unit bacon-egg-cheese roller bite indicated 133° F with food temperature measuring device with metal-stem. Time/Temperature Control for Safety Food must be maintained at 135° F or above. Reviewed TCS hot-holding requirements and discussed HACCP concept with female person-in-charge and food employee during inspection. Inadequately held TCS food discarded by female person-in-charge during inspection.
36	4-203.11 (Pf) Observed food temperature measuring device with metal-stem not functioning properly and not accurate. Metal-stem thermometers must be accurate to ±2° F in the intended range of use. Metal-stem thermometer accurate to ±2° F provided by female food employee during inspection.
45	4-903.11 (C) Observed in customer beverage area by front doors coffee filters stored directly on drink counter under coffee unit and not protected from contamination. Coffee filters placed into plastic container by female person-in-charge during inspection.

CFPM Verification (name, expiration date, ID#): Stephanie Hall

Stephanie Hall 21279070 - NRFSP Exp. 10/2021			
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HACCP Topic: TCS food temperature requirements, employee health policy requirements


Person in Charge (Signature)

Apr 30, 2019

Date

 (EL)
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____

