

Food Establishment Inspection Report

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|--|--|---|---------------|---------|------------|
| 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 | 05/08/2019 |
| Establishment Uncle Bob's Homemade Ice Cream | | License/Permit # | 0 | Time In | 2:30 PM |
| Street Address 409 E. Center Street | | Permit Holder | Risk Category | | |
| City/State Eureka, IL | | Uncle Bob's Homemade Ice Cream Inc | II | | |
| ZIP Code 61530 | | Purpose of Inspection Routine Inspection | | | |

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 | Description |
|--|-----|---|---|
| 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 | Out | | Procedures for responding to vomiting and diarrheal events <input checked="" type="checkbox"/> |
| 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 | | Adequate handwashing sinks properly supplied and accessible <input checked="" type="checkbox"/> |
| 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 | Description |
|--|-----|---|--|
| 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 | In | | 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 | Description |
|---|-----|---|---|
| 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 <input checked="" type="checkbox"/> |
| Food Identification | | | |
| 37 | | | Food properly labeled; original container <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> |
| 42 | | | Washing fruits and vegetables |

| Compliance Status | COS | R | Description |
|--|-----|---|---|
| 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 |
| 46 | | | Gloves used properly |
| Utensils, Equipment and Vending | | | |
| 47 | | | Food and non-food contact surfaces cleanable, properly designed, constructed, and used |
| 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 <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> |
| 58 | | | Allergen training as required |

Food Establishment Inspection Report

Establishment: Uncle Bob's Homemade Ice Cream

Establishment #: 19 144

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 |
|----------------------|------|-----------------|------|---------------|------|
| Hot dogs/hot-holding | 173 | Ice cream/RIF | 1 | | |
| | | Milk/RIC | 38 | | |
| | | Chili sauce/RIC | 38 | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

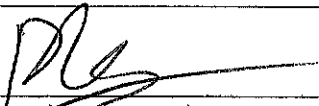
OBSERVATIONS AND CORRECTIVE ACTIONS

| 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 male person-in-charge on-site during this inspection has certified food protection manager certification. 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. 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 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. |
| 5 | 2-501.11 (Pf) Observed food establishment does not have procedures for food employees to follow when responding to discharging of vomitus or fecal matter. Written procedures for responding to vomit/diarrheal event provided during inspection. |
| 10 | 6-301.14 (C) Observed a sign or poster that notifies food employees to wash their hands is not provided at handwashing sinks used by food employees in front food prep area and back food prep area. Handwashing signs provided and posted by male person-in-charge during inspection. |
| 10 | 5-205.11 (Pf) Observed in back food prep area hand washing sink blocked by plastic crates with white plastic lids. Hand washing sinks must be accessible at all times. Plastic crates removed from in front of hand washing sink by male person-in-charge during inspection. |
| 36 | 4-204.112 (C) Observed in back food prep area temperature measuring device not provided and conspicuous in RIF (ice cream, flip door lids) and in RIF (chest, storage room). Thermometers provided by male person-in-charge during inspection. |

CFPM Verification (name, expiration date, ID#): Ben Bally

| | | | |
|--|--|--|--|
| Ben Bally 21441106 – NRFSP Exp. 3/2023 | | | |
|--|--|--|--|

HACCP Topic: TCS food temperature requirements, sanitization concentration requirements, Hepatitis A


 Person in Charge (Signature)

May 8, 2019
 Date


 Inspector (Signature)

Follow-up: Yes No (Check one)

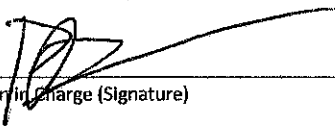
Follow-up Date: _____

Food Establishment Inspection Report

Establishment: Uncle Bob's Homemade Ice Cream

Establishment #: 19 144

| OBSERVATIONS AND CORRECTIVE ACTIONS | |
|--|--|
| Item Number | Violations cited in this report must be corrected within the time frames below. |
| 37 | 3-302.12 (C) Observed in front food prep area on counter squeeze container of brown food substance without name identifying contents on container. Food substance was caramel and labeled by male person-in-charge during inspection. |
| 41 | 3-304.14 (C) Observed in spray bottles for wiping counters above 3-compartment sink and at front food prep area counter concentration of quaternary ammonium sanitizing solution less than 200 ppm. Using test kit provided at facility, concentration of quaternary ammonium sanitizing solution also indicated less than 200 ppm. Solution in spray bottles discarded and new quaternary ammonium sanitizing solution created. Recheck = 200 ppm - OK. |
| 54 | 5-501.16 (C) Observed in back food prep area waste receptacle not located in close proximity to handwashing sink. When disposable towels are used at handwashing lavatories, a waste receptacle shall be located at each lavatory. Waste receptacle provided by male person-in-charge during inspection. |
| 57 | 750.230 (C) Observed no documentation that food employees without current CFPM or IL FSSMC certification have current food handler certification. All food employees without CFPM or IL FSSMC certification must have current food handler certification. 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 |
| | Please note that as of 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 offered @ WCHD: June 2019 |
| | Effective January 1, 2015, 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 remote monitoring of refrigeration/freezing unit system in use |
| | Ensure sure ice cream and food pre-packaged in advance of retail sale is properly labeled with: 1) The common and/or usual name of the product; 2) A list of ingredients in the order of their predominance by weight including any artificial colors, artificial flavors, or preservatives used; 3) net quantity of contents; 4) name and place of business, address and zip code of the manufacturer, processor, packer, preparer or distributor; 5) name of the food source for each major food allergen contained in the food. |


 Person in Charge (Signature)

May 8, 2019
 Date

Paul Wilkins
 Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____