

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	0	Date	12/18/2019
		No. of Repeat Risk Factor/Intervention Violations	0	Time In	10:05 AM
Establishment Eureka Area Food Pantry	License/Permit # 19 196	Permit Holder Eureka United Methodist Church	Risk Category III		
Street Address 106 N. Callendar Street		Purpose of Inspection Routine Inspection			
City/State Eureka, IL	ZIP Code 61530				

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	N/A		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	N/A		No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed
10	In		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
Protection from Contamination			
15	In		Food separated and protected
16	N/A		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/A		Proper cooking time and temperatures
19	N/A		Proper reheating procedures for hot holding
20	N/A		Proper cooling time and temperature
21	N/A		Proper hot holding temperatures
22	In		Proper cold holding temperatures
23	N/A		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	In		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
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
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
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: Eureka Area Food Pantry

Establishment #: 19 196

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 100

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
			Ham/RIC	40		RIC/freezer room	40
			Cheese/RIC	39		RIF/freezer room	-4
						RIF/freezer room	-2
						RIF/freezer room	-10
						RIF/freezer room	0
						RIC/freezer room	34
						RIF/kitchen	0

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	No violations observed at time of inspection.

CFPM Verification (name, expiration date, ID#): Norma Savage

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HACCP Topic: TCS food cold-holding temperature requirements, TCS food storage requirements

Norma J. Savage
 Person in Charge (Signature)

Dec 18, 2019
 Date

Paul Wilbur Wenz (EL)
 Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____

