Food Establishment Inspection Report

												Pa	ge 1	of
Local Health Department Name and Address					$ _{N}$	No. of Risk Factor/Intervention Violations 0 Date 12/				12/1	18/2019			
Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530				\vdash	· · · · · · · · · · · · · · · · · · ·					:05 AM				
Establishment License/Permit #			N	No. of Repeat Risk Factor/Intervention Violations 0 Time Out 11:)5 AM	_				
Eureka Area Food Pantry 19 196				Pe	Permit Holder Risk Category									
	eet Address	· · · · · · · · · · · · · · · · · · ·			— Eu	ıreka	Uni	ited Methodist Chu	ırch	III	•			
106	N. Callendar Stree	t			Pt	ırpo	se of	Inspection			·			
City	/State		ZIP Code		- ,	nu t in	a In	spection						
Eur	eka, IL		61530		100	Juliii	C 1111	spection						
	The state of the s	FOODBORNE	illness risk fa	CTO	ORS /	ANE) P	UBLIC HEALTH	HINTERVENT	TONS			dygri	
14000000000000000000000000000000000000	Circle designs	ted compliance status (IN, OUT, I					ika Misi			internation appearations	Abanda (1945) da de la casa de la	2544 (Y/2054 //	400 v - 2444.00	ومنصو
	IN=in compliance				ot app		le		re Important prac					
	•	Mark "X" in appropriate box	for COS and/or R		• •				tributing factors o					
	COS	corrected on-site during inspect	ion R=repeat violat	tlon				interventions a	are control measi	nes to preve	nt loodborne i	illiess c	n mju	ıy.
Con	npliance Status			С	OS R		Con	pliance Status					cos	R
	with the late of the wind of the winds of th	Supervision		70 YAN MIT I A				Approximate the second	Protection fro	m Contamin	ation			
1	I n	Person in charge present, demonstr	rates knowledge, and				15	În	Food separated a	nd protected				
ļļ.,	 	performs duties	4	_		- [16	N/A	Food-contact surf	aces; cleaned	and sanitized			Г
2	N/A	Certified Food Protection Manager	(CFPM)				17	ĺ'n	Proper disposition		previously served	d,		Г
		Employee Health					17	contraction and the contra	reconditioned an					
3	In	Management, food employee and o							Time/Temperatu	re Control fo	or Safety			
-	ln	knowledge, responsibilities and rep Proper use of restriction and exclus				-	18	N/A	Proper cooking ti	ne and tempe	ratures			_
5	ln		 	+	_	┨ .	19	Ŋ/A	Proper reheating	procedures for	r hot holding			L.
3		Procedures for responding to vomit					20 .	N/A	Proper cooling tir	ne and temper	ature			
20000	eri ji matazili katalika matazi in Kalabana L	Good Hyglenic Practice	Comp. (a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Ť			21	N/A	Proper hot holdin	g temperature	es .			
6	<u>In</u>	Proper eating, tasting, drinking, or t				- [22	ln	Proper cold holdi	ng temperatur	es			
7	ln .	No discharge from eyes, nose, and		***********		02	23	N/A	Proper date mark	ing and dispos	ition			
		Preventing Contamination by	'Hands				24	N/A	Time as a Public I	lealth Control;	procedures & re	cords		
8	. in	Hands clean and properly washed		_	_	4 [2.3	Consum	er Advisory			3 may 20	
9	N/A	No bare hand contact with RTE food alternative procedure properly allow					25	N/A	Consumer advisor	y provided for	raw/undercook	ed food		
10	·In	Adequate handwashing sinks prope		ie .	-	- [Aceres .		Highly Suscep	tible Popula	tlons			
10		Approved Source	iny supplied dita decessio				26	ln .	Pasteurized foods	used; prohibit	ted foods not off	ered		
11	l n	Food obtained from approved source	•					ran en	od/Color Additive	s and Toxic	Substances		1000	9.5
12	 N/O	Food received at proper temperatu				┨ [27	N/A	Food additives: ap	proved and pr	roperly used	onersye i Miliophes		**************************************
13	ln.	Food in good condition, safe, and up		+	_	- [28	l n	Toxic substances	properly Identi	fied, stored, and	used		_
13		Required records available: shellsto	 	+		- 1		Go	onformance with	Approved Pi	rocedures			
14	N/A	destruction	ok taga, parasite				29		Compliance with	/ariance/speci	alized process/H	ACCP		pergétage;
	Company of the Compan	And the second s	600	D R	ETAI	L P	RA(TICES		A STATE OF THE STA		***************************************		Serie C
		Good Retail Practices are prever					*****		icals, and physica	Labiects into	foods			mailes,
М		mbered item is not in compliance							corrected on-site	•		peat vi	olatio	n
		,	·····	cos			-						cos	
200 900 100 11 Extraggregation 1 001 0000 1	Manufacture of the second of t	Safe Food and Water				2. 2.1	2775		Proper Use	of Utensils		7774167		
30	Pasteurized eggs u	sed where required				43		In-use utensils: prope			10000 T. 10000 T. 10000	22-24-27-28-		أوحل فأعلب
31		n approved source			\Box	44		Utensils, equipment		tored, dried, &	handled		- 	
32		for specialized processing methods			\vdash	45	-	Single-use/single-ser	 				 	
		Food Temperature Contro		***************************************		46	H	Gloves used properly		., stored distric				
33	Proper cooling me	thods used; adequate equipment for		2000	783311137	70		Titre v des constate de serviciones	Utensils, Equipm	ent and the	dino			
34		y cooked for hot holding	componentino contino				Ĭ	Food and non-food c			A THE RESIDENCE AND ADDRESS OF THE PARTY OF	tructed		
35	Approved thawing	·	· · · · · · · · · · · · · · · · · · ·			47	Ш	and used	e, rue aurigues clea	apic) properi	, acadileu, colls	a acteu,	L_	_
		·			\vdash	48		Warewashing facilitie	es: installed, mainta	ined, & used; t	est strips			
36	Thermometers pro	A SECURE OF THE PROPERTY OF TH			J	49	LŢ	Non-food contact sur	rfaces clean					
27	Candles	Food Identification							Physical	Facilities			2000	
37	rood properly labe	eled; original container		701010		50		Hot and cold water a	vallable; adequate ¡	ressure		and the second	-access an elegan	
		Prevention of Food Contamin	auon	este ()	*******	51		Plumbing installed; p	roper backflow dev	ces				_
38		nd animals not present				52	П	Sewage and waste w						
39		vented during food preparation, stor	age and display			53		Toilet facilities: prope		······································	ed			
40	Personal cleanline	·······				54	\vdash	Garbage & refuse pro						
41		perly used and stored				55	\vdash	Physical facilities Inst						
42	Washing fruits and	vegetables			i	56	\vdash	Adequate ventilation	····		ed			
									Employe	30.003.763.763.		-,-···································	<u>.</u>	
						57	T	All food employees h		******		······································	T	
						59		Allercen training as r			 			

Food Establishment Inspection Report

	Private Waste \	Water System: ⊠ Public ☐] Private		
nitizer Type: Chlorine	,	PPM: 100	_	Heat: N/A	
This is a second of the second				Tieat, IVA	
		TEMPERATURE OBSERV			
Item/Location	Temp	Item/Location	Temp	Item/Location	Tem
		Ham/RIC	40	RIC/freezer room	40
/ · · · · · · · · · · · · · · · · · ·		Cheese/RIC	39	RIF/freezer room	
				RIF/freezer room	-2
				RIF/freezer room	-10
				RIF/freezer room	0
 				RIC/freezer room	34
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		RIF/kitchen	0
					-
	ORE	ERVATIONS AND CORREC	TIVE ACTIONS	, , , , , , , , , , , , , , , , , , ,	
Item					,,,
lumber	Violations c	ited in this report must be corre	ected within the time	frames below.	
		No violations observed at	time of inspection.		
				7-24-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		W			
•					
·····					

PM Verification (name, exp	iration date, ID#): No	ırma Savage			
PM Verification (name, exp	iration date, ID#): No	rma Savage			
PM Verification (name, exp	iration date, ID#): No	rma Savage			
		equirements, TCS food stora	ge requirements		
PM Verification (name, exp			ge requirements		
		equirements, TCS food stora	ge requirements		
			nge requirements		

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Establishment: Eureka Area Food Pantry Establishment #: 19 196

OBSERVATIONS AND CORRECTIVE ACTIONS						
ltem Number	Violations cited in this report must be corrected within the time frames below.					
	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 III food establishment					
	If any changes are planned in the future for this establishment, (ownership changes, location, equipment additions, remodeling,					
	etc.) please contact WCHD prior to changes occurring for plan review and approval to ensure compliance.					
Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (
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: February 2020						
Effective January 1, 2017, Food Handler certification is required for all food employees who do not already have CFPM						
certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or foo						
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-fr						
	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.					
Noa	Noama On Aarra 2 Dec 18, 2019					
Person in Cha	arge (Signature) Date					
	Follow-up: Yes No (Check one) Follow-up Date:					
Inspector (Sig	** 					