Food Establishment Inspection Report

| | | | | | | | | Page | 1 of : | |
|-----------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|-----------------------------------------|------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|
| | • | nt Name and Address | | | IN | lo, of | Ris | k Factor/Intervention Violations 0 Date 03/02/2 | 020 | |
| Woodford County Health Department | | | | <u>`</u> | Time In 12 | | | | | |
| 1831 S. Main Street, Eureka, IL 61530 Establishment License/Permit # | | | | N | lo. of | peat Risk Factor/Intervention Violations 0 Time Out 1:30 P | | | | |
| Eureka College Catering 20 085 | | | | P | Permit Holder Risk Category | | | | | |
| Street Address | | | | S | Sodexo America LLC/SodexoCampusServices | | | | | |
| 300 | E. College Avenue | - Cerf College Center | | | Р | urpo | se c | of Inspection | | |
| 1 | /State eka, IL | 71 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ZIP Code 61530 | | R | outir | ne Ir | nspection | | |
| Eure | eka, it | | | | | | | | | |
| | | FOODBORNE I | LINESS RISK FA | CTC | ORS. | ANI |) P | PUBLIC HEALTH INTERVENTIONS | | |
| ı | N=in compliance | ed compliance status (IN, OUT, N OUT=not in compliance N/C Mark "X" in appropriate box for corrected on-site during inspection | =not observed N, or COS and/or R | /A=n | ed ite ot app | | ole | Risk factors are important practices or procedures identified as the r prevalent contributing factors of foodborne illness or injury. Public h- interventions are control measures to prevent foodborne illness or in | ealth | |
| Com | pliance Status | 3.00F494.J | | CC | OS R | | Cor | mpliance Status | OS R | |
| | | Supervision | | | 1 | | | Protection from Contamination | | |
| 1 | I n | Person in charge present, demonstra | ites knowledge, and | | | | 15 | In Food separated and protected | Т | |
| | | performs duties | | \perp | _ | _ | 16 | ln Food-contact surfaces; cleaned and sanitized | | |
| 2 | ln . | Certified Food Protection Manager (| CFPM) | | | _ | 17 | In Proper disposition of returned, previously served, | | |
| | | Employee Health | | | | | -' | reconditioned and unsafe food | | |
| 3 | In | Management, food employee and co | | | | | | Time/Temperature Control for Safety | | |
| 4 | ln | knowledge, responsibilities and repo | | + | - | - | 18 | N/O Proper cooking time and temperatures | | |
| | | | | | + | - | 19 | N/O Proper reheating procedures for hot holding | | |
| 5 | In | Procedures for responding to vomiti | | | | | 20 | In Proper cooling time and temperature | \top | |
| | | Good Hygienic Practices | | | | 4 [| 21 | In Proper hot holding temperatures | | |
| 6 | In | Proper eating, tasting, drinking, or to | | | | - [| 22 | In Proper cold holding temperatures | \top | |
| 7 | In | No discharge from eyes, nose, and m | outh | | | | 23 | In Proper date marking and disposition | \top | |
| | | Preventing Contamination by | Hands | | | | 24 | N/A Time as a Public Health Control; procedures & records | _ | |
| 8 | In | Hands clean and properly washed | | | | | | Consumer Advisory | | |
| 9 | In | No bare hand contact with RTE food | | | | 1 1 | 25 | N/A Consumer advisory provided for raw/undercooked food | \top | |
| - | | alternative procedure properly allow | | _ | | | | Highly Susceptible Populations | | |
| 10 | ln | Adequate handwashing sinks proper | y supplied and accessib | le | | ┛╏ | 26 | N/A Pasteurized foods used; prohibited foods not offered | \top | |
| | | Approved Source | | | | 4 | -91 | Food/Color Additives and Toxic Substances | | |
| 11 | In | Food obtained from approved source | | | _ | ┛╏ | 27 | The state of the s | П | |
| 12 | N/O | Food received at proper temperature | 2 | | | ╛ | 28 | 100 M | + | |
| 13 | I n | Food in good condition, safe, and un | adulterated | | | ╛╏ | 20] | In Toxic substances properly identified, stored, and used | | |
| 14 | N/A | Required records available: shellstoc | k tags, parasite | | | | | Conformance with Approved Procedures | | |
| | | destruction | | | | | 29 | N/A Compliance with variance/specialized process/HACCP | | |
| | | | | | | *********** | | CTICES | | |
| | | Good Retail Practices are prevent | ative measures to co | ntrol | the a | ıdditi | on (| of pathogens, chemicals, and physical objects into foods. | | |
| Ma | ark "X" in box it nur | nbered item is not in compliance | Mark "X" in appr | | | x for | CO | S and/or R COS=corrected on-site during inspection R=repeat viola | tion | |
| | | | | cos | R | | | co | S R | |
| | | Safe Food and Water | | | | | , | Proper Use of Utensils | | |
| 30 | Pasteurized eggs u | sed where required | | | | 43 | | In-use utensils: properly stored | | |
| 31 | Water and ice from | n approved source | | | | 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | Variance obtained | for specialized processing methods | | | | 45 | X | Single-use/single-service articles: properly stored and used | \Box | |
| | | Food Temperature Control | | | | 46 | | Gloves used properly | | |
| 33 | Proper cooling met | thods used; adequate equipment for t | emperature control | | | | • | Utensils, Equipment and Vending | _ | |
| 34 | Plant food properly | y cooked for hot holding | | · | | 47 | T | Food and non-food contact surfaces cleanable, properly designed, constructed, | T | |
| 35 | Approved thawing | methods used | | | | | <u> </u> | and used | | |
| 36 | Thermometers pro | | | | | 48 | - | Warewashing facilities: installed, maintained, & used; test strips | | |
| | • | Food Identification | | | | 49 | | Non-food contact surfaces clean | | |
| 37 | Food properly labe | led; original container | | | | | , | Physical Facilities | | |
| | T p. apeny labe | Prevention of Food Contamina | tion | | Ш | 50 | | Hot and cold water available; adequate pressure | | |
| 38 | Insects rodents as | nd animals not present | | | | 51 | | Plumbing installed; proper backflow devices | | |
| 39 | | vented during food preparation, stora | ge and display | | | 52 | L | Sewage and waste water properly disposed | | |
| 40 | | | Se arra arshiay | | | 53 | Ĺ | Toilet facilities: properly constructed, supplied, & cleaned | | |
| | Personal cleanlines | | | | \vdash | 54 | | Garbage & refuse properly disposed; facilities maintained | T | |
| 41 | | perly used and stored | | | $\vdash \vdash$ | 55 | | Physical facilities installed, maintained, and clean | 1 | |
| 42 | Washing fruits and | vegetables | | | | 56 | Г | Adequate ventilation and lighting; designated areas used | 1 | |
| | | | | | | | | Employee Training | | |
| | | | | | | 57 | T | All food employees have food handler training | T | |
| | | | | | | E0 | | Allergen training or required | +- | |

Food Establishment Inspection Report

| Fstahlish | ment: Eureka College Cate | rina | | Ecto | blishment #: 2 | 0.095 | Page 2 of 3 | | | | |
|----------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|--|
| Water Su | | | Water System: N | | | 0 085 | | | | | |
| | | | · Water System: 🔀 | - | te | | | | | | |
| Sanitizer | Type: Chlorine/Quaternar | y ammonium | PPN | И: 50-99/200 ———— | He | eat: N/A | | | | | |
| | | | TEMPERATURE | OBSERVATION | NS | 0.00 | | | | | |
| | Item/Location | Temp | Item/Locat | ion 7 | emp | Item/Location | Temp | | | | |
| Bean & c | cabbage soup/hot-holding | 190 | Veggie wrap - coo | | 44 | WIC/kitchen | 38 | | | | |
| | | | Shredded chee | se/WIC | 41 | RIF/storage room | 0 | | | | |
| | - t | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | | | MIN 2 - 4 | | | | | |
| | | | *************************************** | | | | | | | | |
| * ** | | | | | | | | | | | |
| | | | *************************************** | | | | | | | | |
| | | | | | | the organization and the second secon | | | | | |
| | | ОВ | SERVATIONS AND | CORRECTIVE A | CTIONS | | | | | | |
| ltem Number | | Violations | cited in this report mus | st be corrected wi | thin the time fra | mes below. | | | | | |
| 45 4-903.11 (C) Observed in storage room box of napkins stored | | | | | floor below she | elving unit. Single-use article | s shall be | | | | |
| | stored at least six inche | s above the flo | oor. Box of napkins re | emoved to shelvi | ng unit by fem | ale person-in-charge during | inspection. | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | |
| | | | | | | | *************************************** | | | | |
| | | | | | | | | | | | |
| · | | · | M 31104 Market M | | | | ~~~ | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | # | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | The state of the s | | | | | | | | | |
| | | *************************************** | | | | | 148 | | | | |
| | | *** | *************************************** | | | | | | | | |
| | | | na anti-anti-anti-anti-anti-anti-anti-anti- | <u> </u> | | | | | | | |
| CFPM Ve | rification (name, expiratio | n date, ID#): D | eanna Davidson | | | | | | | | |
| 17918256 - ServSafe 2144110 | | en Wagner | | ck Higby | | | | | | | |
| | | 21441102 - NRFSP Exp. 3/2023 | | 13966044 - ServSat Exp. 8/2021 | | | | | | | |
| HACCP To | | | | · | | equirements, allergy signage | | | | | |
| | | | | | | ., | | | | | |
| M | | | Mar 2, 2020 | | | | | | | | |
| erson in Ch | arge (Signature) | | Date | | | | | | | | |
| | 4 | | | | | | | | | | |
| | Yaw William wans | 囙 | Follow-up: | ☐ Yes 🔀 No | (Check one) | Follow-up Date: | | | | | |
| nspector (Si | | | | K_N | / | up save: | | | | | |

Food Establishment Inspection Report

Page 3 of 3

| Establishment: Eureka College Catering Establishment #: 20 | Establishment: Eureka College Catering | Establishment #: 20 085 |
|------------------------------------------------------------|----------------------------------------|-------------------------|
|------------------------------------------------------------|----------------------------------------|-------------------------|

| OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Item 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 and other food safety information | | | | |
| | Facility is still classified as a Category I food establishment | | | | |
| | The person-in-charge must have CFPM 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 (grill, barbeque, | | | | |
| | steak-fry, cook-out, concessions, etc.), a temporary food/drink permit must be applied for & approved by WCHD. | | | | |
| | Please note that if any changes (menu, equipment, etc.) are planned in the future for this establishment, please contact WCHD | | | | |
| | prior to changes occurring for plan review and to ensure compliance. | | | | |
| | WCHD provides free food safety in-services to establishments & their staff | | | | |
| | Next certified food protection manager 8-hour class & exam at WCHD: March 2020 | | | | |
| | 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 | | | | | |
| within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entran | | | | | |
| | no vaping or e-cigarette use in food & drink prep area, dishwashing area, and storage area; no smoking within building structure. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| M | | | | | |
| | Mar 2, 2020 | | | | |
| erson in Cha | rge (Signature) Date | | | | |
| follow-up: ☐ Yes ☒ No (Check one) Follow-up Date: | | | | | |
| nspector /Sig | (COUNTY SOCIETY | | | | |

Inspector (Signature)