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	09/21/2021
	No. of Repeat Risk Factor/Intervention Violations 0	Time In	2:30 PM
		Time Out	3:00 PM
Establishment Grace Fellowship Church / License/Permit # 21 050	Permit Holder Grace Fellowship Church	Risk Category II	
Street Address 2730 County Road 1100 N	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	In	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	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		

	Compliance Status		COS	R
	Protection from Contamination			
15	N/O	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	N/O	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

			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		
		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		

			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		
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: Grace Fellowship Church Establishment #: 21 050

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
			Chocolate milk/RIC	38			

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#): Jill Layden

Jill Layden 15199601 - ServSafe Exp. 6/2022			

HACCP Topic: TCS food temperature requirements, employee health policy requirements, wearing masks

Jill S Layden
Person in Charge (Signature)

Sep 21, 2021
Date

Paul Williams WAID EL
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one) **Follow-up Date:**

Food Establishment Inspection Report

Establishment: Grace Fellowship Church

Establishment #: 21 050

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 II food establishment
	The person-in-charge must have CFPM or IL FSSM 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, group fundraiser, 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: Spring 2022
	Food handler certification is required for all food employees who do not already have CFPM or IL FSSM 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.
	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.
	This facility is on the NCPWS program and must routinely collect water samples as required
	Please follow all current COVID-19 guidelines and recommendations - wear masks, social distancing, employee health, etc.
	Food employee wearing mask at time of inspection

Person in Charge (Signature)

Sep 21, 2021
Date

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: