Food Establishment Inspection Report

| | | | | | | | | | | | | Pag | ge 1 o | f: |
|---|--|---|--|----------|----------------|---|---|--------------------------|--|--|--|---------------|-----------------|------------|
| Local Health Department Name and Address | | | | | T _N | lo, of | Ris | k Factor/Intervent | ion Violations | 1 | Date | 04/18 | 3/2022 | |
| Woodford County Health Department | | | | | Ľ | | | | | Time In | 11:1 | .0 AM | | |
| 1831 S. Main Street, Eureka, IL 61530 Establishment License/Permit # | | | | | № | No. of Repeat Risk Factor/Intervention Violations 0 | | | | Time Out | | 0 PM | _ | |
| Establishment License/Permit # Michael's Italian Feast 22 083 | | | | | P | Permit Holder Risk Category | | | | | | | _ | |
| Street Address | | | | | ┦╷ | Michael's Italian Feast LLC | | | | | | | | |
| 1902 | 2 S. Main Street | | | | P | urpos | se o | f Inspection | | | | | | _ |
| City/State 7IP Code | | | | | outin | n In | spection | | | | | | | |
| Eure | eka, IL | | 61530 | | - " | COULIN | E 111 | ispection | | | | | | |
| | | FOODBORNE | ILLNESS RISK FA | CTC | RS | AND | P | UBLIC HEALT | H INTERVENT | TIONS | | | V W | |
| | Circle designa | ted compliance status (IN, OUT, I | | | | ********* | | | | | edina en el garricolos, a | <u> </u> | | <u> </u> |
| 11 | N=in compliance | | | | | plicab | le | Risk factors | are important prac | ctices or proc | edures Identif | ied as th | ne mos | t |
| | | Mark "X" in appropriate box | • | | | | prevalent contributing factors of foodborne illness or inju- interventions are control measures to prevent foodborne | | | | | | | |
| | COS | corrected on-site during inspect | on R=repeat violat | tion | | , , | | The ventions | are control meas | ures to preve | nt roodborne | 1111633 0 | n ingury | <i>/</i> · |
| Com | pliance Status | | | cc | S F | | Cor | npliance Status | | | | | cos | R |
| | | Supervision | | | <u> </u> | | | | Protection fro | m Contamin | ation | | | |
| 1 | ln | Person in charge present, demonstr performs duties | ates knowledge, and | | | | 15 | In | Food separated a | | | | | |
| 2 | In | Certified Food Protection Manager | (CEPM) | | + | ┦ | 16 | In | Food-contact sur | | | | <u> </u> | |
| | | Employee Health | | | | | 17 | In | Proper disposition reconditioned an | | previously serve | ed, | | |
| ŢΓ | 4- | Management, food employee and o | onditional employee; | T | T | 4 | | | Time/Temperatu | 10.20 | or Safetv | | l ali | |
| 3 | In | knowledge, responsibilities and rep | orting | | | _ 1 | 18 | in | Proper cooking t | and the state of t | | Comment to a | | -11 |
| 4 | In | Proper use of restriction and exclus | lon | | | ╛╏ | 19 | N/O | Proper reheating | | | | | _ |
| 5 | <u>In</u> | Procedures for responding to vomit | | | | _ | 20 | In | Proper cooling ti | me and temper | ature | | | _ |
| | | Good Hygienic Practice | <u></u> | | 717. | 4 [| 21 | In | Proper hot holding | ng temperature | 25 | | | _ |
| 6 | ln . | Proper eating, tasting, drinking, or t | | _ | + | ╛┖ | 22 | ln | Proper cold hold | ing temperatur | es | | | _ |
| 7 | ln | No discharge from eyes, nose, and i | | | | | 23 | I n | Proper date marl | king and dispos | ition | | | _ |
| | | Preventing Contamination by | Hands | 3993 | | | 24 | N/A | Time as a Public | Health Control | procedures & r | ecords | | _ |
| 8 | In | Hands clean and properly washed | | + | _ | | | | Consun | er Advisory | Not a religio | | | |
| 9 | In | No bare hand contact with RTE food alternative procedure properly allow | | | | | 25 | N/A | Consumer adviso | ry provided fo | raw/undercool | ked food | | |
| 10 | ln | Adequate handwashing sinks prope | | le | | _ | | | Highly Suscep | tible Popula | tions | | | |
| | | Approved Source | | 10 | V. | | 26 | N/A | Pasteurized food | s used; prohibi | ted foods not of | ffered | | |
| 11 | In | Food obtained from approved source | ce | | T | | (S45) | | ood/Color Additiv | es and Toxic | Substances | | | |
| 12 | N/O | Food received at proper temperatu | re | | | - | 27 | N/A | Food additives: a | `` | · · · · · · · · · · · · · · · · · · · | | | |
| 13 | ln | Food in good condition, safe, and u | nadulterated | | | 7 | 28 | Out | Toxic substances | 7 1 3 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A SECURIT PROPERTY OF THE SECURIT | d used | X | |
| 14 | N/A | Required records available: shellsto | ck tags, parasite | | | | | | Conformance with | | | | V. 16 (4.6) | 2 |
| | | destruction | | | | باجباسي | 29 | N/A | Compliance with | variance/speci | alized process/l | HACCP | | 203 |
| | | | | | | | | CTICES | | | 74.35.44.53 | | | |
| | ault IIVII in hay tê my | Good Retail Practices are prever | ntative measures to co | ontrol | the a | additi | on o | of pathogens, che | micals, and physica | al objects into | o foods. | | | |
| IVIC | ark A III box II ilu | imbered item is not in compliance | e Mark v mappi | cos | | T TOT | COS | s and/or K CO | S=corrected on-sit | e auring insp | ection R=r | epeat vi | | |
| To and | | Safe Food and Water | | 003 | R | 5.15.s | e ga | es calculation continues | Dronar He | e of Utensils | BENGA KASIFO | (1471a - 467 | cos | K |
| 30 | Pasteurized eggs | used where required | <u> </u> | 1803-15 | | 43 | Γ | In-use utensils: pro | 10.15.131.15 | e of oterishs | | | | 90 |
| 31 | | m approved source | | | \dashv | 44 | · | | nt & linens: properly: | stored dried 8 | handled | | | _ |
| 32 | | d for specialized processing methods | | | = | 45 | ├ ── | | ervice articles: prope | | | | | _ |
| | | Food Temperature Contro | | | | 46 | - | Gloves used prope | | ny storea ana | | ***** | | - |
| 33 | Proper cooling m | ethods used; adequate equipment for | | Y | | 200 | | | Utensils, Equipr | nent and Ver | nding | 1.00 | r Com | |
| 34 | | rly cooked for hot holding | | | | 47 | V | Food and non-food | contact surfaces cle | | 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | structed. | | 21.5 |
| 35 | Approved thawin | *************************************** | | | | - | ļ , | and used | | | | | × | |
| 36 Thermometers provided & accurate | | | | | | 48 | | <u> </u> | ities: installed, maint | ained, & used; | test strips | | | |
| | | Food Identification | | | | 49 | L | Non-food contact | | | | | | 35.73 |
| 37 > | Food properly lab | peled; original container | <u> </u> | X | | | | 1-3-3-5 405-10 | | Facilities | | | | |
| Prevention of Food Contamination | | | | | 50 | | 1 | r available; adequate | ` | | | L. | | |
| 38 | Insects, rodents, | and animals not present | and the second s | <u> </u> | | <u> </u> | X | ļ | ; proper backflow de | | | | 2 | × |
| 39 | | evented during food preparation, stor | rage and display | | | 52 | - | | water properly dispo | | | | $\vdash \vdash$ | _ |
| 40 | Personal cleanline | | | | | 53 | - | | pperly constructed, su | | | | | _ |
| 41 | Wiping cloths: pro | operly used and stored | | | | 54 | - | | oroperly disposed; fa | | ned | | \vdash | _ |
| 42 | | | | | | 55 | <u> </u> | 1 | nstalled, maintained, | | | | - | |
| | • | ······································ | | | | 56 | 1 .7. % | L vaednate veutilati | on and lighting; desig | en surveys were san | ea | (Cinguita & C | | 77.7 |
| | | | | | | | r T | T A 11 6 4 1 | | e Training | auti-diffactiv | 916914K | 20126 | <u>08</u> |
| | | | | | | 57 | - | | s have food handler t | raining | | | $\vdash \vdash$ | _ |
| | | | | | | 58 | 1 | Allergen training a | s required | | | | 1 1 | |

Food Establishment Inspection Report

| | | | | | | | Pa | age 2 of 3 | | |
|--|---|--|--|--|---|--------------------|--|---|--|--|
| Establishn | nent: Michael's Italian Fea | ******* | nayara a sayana a lacaya a sayara a sa | | ablishment | :#: 22 083 | THE THE STATE OF T | | | |
| Water Sup | oply: 🛛 Public 🗌 Priva | ate Wa | ste Water System: 🛛 Pt | ublic 🗌 Priv | ate | | | | | |
| Sanitizer T | Type: Chlorine/Quaternar | y ammoniu | m PPM: | 50/200 | | Heat: N/A | A | | | |
| | · | ************************************** | TEMPERATURE (| DBSERVATIO | NS | | | | | |
| | Item/Location | Temp | Item/Locatio | n | Temp | Item/Location Temp | | | | |
| Mea | atballs/steam table | 176 | Lasagna-preparation/ | prep table | 56 | SI | iced cheese/RIC | 40 | | |
| Aı | u jus/steam table | 159 | Cut lettuce-coolir | ng/RIC | 47 | Peeled | hard-boiled eggs/RIC | 37 | | |
| Spaghetti | meat sauce/steam table | 168 | Diced chicken/ | 'RIC | 38 | S | liced ham/WIC | 36 | | |
| Tort | tellini/stove burner | 186 | Corn/RIC | | 37 | Sli | ced cheese/WIC | 36 | | |
| | | | Black beans/F | RIC | 37 | | Turkey/RIC | 40 | | |
| | | | Cut lettuce/R | IC | 40 | | Lasagna/RIC | 40 | | |
| | | | Sliced ham/R | IC | 36 | Housema | ade ranch dressing/RIC | 40 | | |
| | | | Salami/RIC | ······································ | 36 | Diced c | hicken/RIC pizza prep | 39 | | |
| | | | Roast beef/R | IC | 34 | Shredded | cheese/RIC pizza prep | 39 | | |
| | | | OBSERVATIONS AND C | ORRECTIVE | ACTIONS | | *************************************** | | | |
| Item Number | | Violati | ons cited in this report must | be corrected | within the ti | me frames bel | ow. | *************************************** | | |
| 28 | 7-102.11 (Pf) Obser | ved in dishr | oom area blue liquid in s | oray bottle or | n slotted sh | elf without r | name identifying content | s on | | |
| | | | used for storing poisonous | | | | | | | |
| | | | | | | | | | | |
| ļ | supplies shall be clearly and individually identified with the common name of the material. Blue liquid was window cleaner | | | | | | | | | |
| 37 | according to person-in-charge and labeled by person-in-charge during inspection. 3-302.12 (C) Observed in kitchen dough prep area in black hanging basket liquid food substances in squeeze-style containers | | | | | | | | | |
| | without name identifying contents on container. Identify food storage working containers with common name of the food. Liqu | | | | | | | | | |
| | food substance was oil according to food employee and labeled by person-in-charge during inspection. | | | | | | | a. ciquia | | |
| 47 | | | | | | | | | | |
| w_ | Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of | | | | | | | | | |
| | | | colors, odors, or tastes to | | | | | | | |
| | | | *************************************** | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | corrosion-resistant, and nonabsorbent; (C) sufficient in weight and thickness to withstand repeated warewashing; (D) finished to have a smooth, easily cleanable surface; and (E) resistant to pitting, chipping, crazing, scratching, scoring, distortion, and | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | ······································ | | | | | | | |
| | decomposition. Food equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) -accredited certification program is deemed to comply with Parts 4-1 and 4-2 of this chapter. Cinnamon butter removed from | | | | | | | | | |
| | re-used plastic container by person-in-charge during inspection. | | | | | | | | | |
| | To does place container by person-in-charge during inspection. | | | | | | | N | | |
| CFPM Ve | rification (name, expiration | n date, ID# | :): Tyler Haar | · · · · · · · · · · · · · · · · · · · | | | | | | |
| - | Tyler Haar | | Nichael Axelson | | Iolly Kling | · 1 | Grant Geick | | | |
| | | | 576042 - NRFSP Exp. 4/2024 | L2SC-3-004 | C-3-004039 - Learn 2 Serve Exp. 8/2025 | | L2SC-3-002671 - Learn 2 Serve Exp. 6/2025 | | | |
| HACCP To | opic: TCS food temperatu | re requirem | nents, no bare hand conta | act with ready | y-to-eat foo | od, allergy sig | gnage | | | |
| | 11 | | | | | | | | | |
| Person In Charge (Signature) Apr 18, 2022 Date | | | | | | | | | | |
| Person In/Ch | narge (Signature) | | Date | Date | | | | | | |
| | | | | | | | | | | |
| Inspector (S | faul Willin, want England | <u></u> | Follow-up: | ☐ Yes ⊠ N | o (Check on | e) Foli | ow-up Date: | ······································ | | |

Food Establishment Inspection Report

Establishment #: 22 083

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Establishment: Michael's Italian Feast

| | OBSERVATIONS AND CORRECTIVE ACTIONS | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Item Number | Violations cited in this report must be corrected within the time frames below. | | | | | | | |
| 51 | 5-205.15 (C) Observed in kitchen hand sink by dough prep table hot water faucet leaking when water turned off. Plumbing shall be | | | | | | | |
| | maintained in good repair in accordance with the IL Plumbing Code. Please correct this violation within 90 days or at least by next | | | | | | | |
| | routine inspection. | | | | | | | |
| 55 | | | | | | | | |
| | soiled with accumulated dust and debris. Physical facilities shall be cleaned as often as necessary to keep them clean. 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 note 1 repeat violation (items #51) was observed during this inspection and a repeat violation fee of \$25.00 per repeat | | | | | | | |
| - | violation will be assessed to the establishment by invoice. | | | | | | | |
| | 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 shall have CFPM certification and be on the premises during all hours of operation | | | | | | | |
| | Allergy awareness training certification is required for all certified food protection managers | | | | | | | |
| to the transfer of the transfe | 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. | | | | | | | |
| | Please note if any changes are planned in the future for this establishment (menu, equipment, physical layout, etc.), please | | | | | | | |
| | contact WCHD prior to changes occurring for plan review and approval to ensure compliance. | | | | | | | |
| | WCHD provides free food safety in-services to establishments & their staff | | | | | | | |
| | Next certified food protection manager 8-hour class & exam offered @ WCHD: Fall 2022 | | | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Food handler certification is required for all food employees without CFPM certification. "Food employee" means an individual | | | | | | | |
| | working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required within | | | | | | | |
| | 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 must be 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. | | | | | | | |
| | Make sure exterior WIC is kept locked at all times except when in use for food safety | | | | | | | |
| | Please follow all current COVID-19 guidelines and recommendations - wear masks, social distancing, employee health, etc. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - 13 to | | | | | | | | |
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| : | | | | | | | | |
| | | | | | | | | |
| 14 | Apr 18, 2022 | | | | | | | |
| Person/In Ch | arge (Signature) Date | | | | | | | |
| | Follow-up: ☐ Yes ⋈ No (Check one) Follow-up Date: | | | | | | | |
| Inspector (SI | MAN NEWY WAY | | | | | | | |