

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

Retail Food Sanitary Inspection Report

Establishment Knights of Columbus	Permit# 28368	Date 6-20-18	Grade A	Score (100 - demerits) 100
Address Rt 185	Establishment Code 02	Risk 2	Time in 9:00 am	
City Taylor Springs	State IL	Zip 62049	Phone Number (217) 532-5194	Time out 10:00 am
Owner/Agent Mike Reynolds	Compliant with the Smoke-Free Illinois Act? (YES) NO (circle one)			

Purpose of Inspection (circle one): **Routine** Follow-up Pre-opening Smoking Complaint Educational Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		C	R	Compliance Status		C	R
Demonstration of Knowledge 5 points				Potentially Hazardous Food Time/Temperature 9 points			
1	IN OUT N/A			16	IN OUT N/A (NO)		
Compliance with Certified Manager Requirement				Proper cooking time & temperature			
Employee Health 5 points				Proper reheating procedures for hot holding			
2	IN OUT			17	IN OUT N/A (NO)		
Employee health policy and procedures				Proper cooling time & temperature			
Good Hygienic Practices 6 points				Proper hot holding temperature			
3	IN OUT NA (NO)			19	IN OUT N/A (NO)		
Proper glove use				Proper cold holding temperature			
4	IN OUT (NO)			20	IN OUT N/A		
Proper eating, tasting, drinking, tobacco use				Proper date marking & disposition of PHF			
5	IN OUT (NO)			21	IN OUT N/A (NO)		
Personal hygiene and cleanliness				Time as a public health control: approved procedure & records			
Preventing Contamination by Hands 8 points				Consumer Advisory 3 points			
6	IN OUT (NO)			23	IN OUT (N/A)		
Hands clean, handwashing procedures				Consumer advisory provided for raw or undercooked foods			
7	IN OUT N/A (NO)			Highly Susceptible Populations 5 points			
No bare hand contact with RTE foods				Proper foods used for susceptible populations			
8	IN OUT (NO)			Chemical 5 points			
Adequate handwashing facilities supplied & accessible				25 IN OUT N/A (NO) Sanitizing solutions in excess of allowable limits			
Approved Source 5 points				26 (IN) OUT Toxic items properly identified, stored & used			
9	IN OUT			Approved Procedures 3 points			
Food obtained from approved source				27 IN OUT (N/A) Compliance with variance, HACCP, policy			
10	IN OUT N/A (NO)						
Food received at proper temperature							
11	IN OUT						
Food in good condition, safe, unadulterated							
12	IN OUT (N/A)						
Required records available; shellstock tags							
Protection from Contamination 6 points							
13	IN OUT N/A						
Food separated & protected							
14	IN OUT N/A						
Food contact surfaces clean & sanitized							
15	IN OUT						
No re-use of foods or single service previously served							

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness and injury. Public Health Interventions are control measures to prevent foodborne illness or injury. Greater weight is given to these violations.

GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Good Retail Practices and Standard Operating Procedures are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.		Mark "X" in box if numbered item IS NOT in compliance		Mark "X" in appropriate box for C and/or R		C=corrected on-site during inspection R=repeat violation (2X demerits)	
Pts		C	R	Pts		C	R
Safe Water & Sewage Disposal				Proper Use of Utensils			
28	3			40	1		
Water & ice from approved source				In-use utensils; properly stored			
29	3			41	1		
Plumbing installed; backflow protection				Utensils, equipment & linens; properly stored, washed & handled			
30	3			42	1		
Sewage & wastewater disposal				Single-service articles: storage & dispensing			
Food Equipment				Physical Facilities			
31	1			43	2		
Facilities to maintain product temperature				Food (ice) contact surfaces: constructed, installed, maintained			
32	2			44	1		
Approved thawing methods				Non-food contact surfaces: constructed, installed, maintained			
33	1			45	1		
Thermometers/gauges provided, used & accurate				Warewashing facilities: installed, maintained & used; test strips			
Food Identification				Non-food contact surfaces clean			
34	1						
Food properly labeled; original container							
Prevention from Contamination							
35	3						
Insects/rodents/animals present; unauthorized persons; openings							
36	2						
Food protection during food preparation, storage & display							
37	2						
Personal cleanliness (presentation)							
38	1						
Wiping cloths: properly used & stored							
39	1						
Fruits & vegetables properly washed before use							

Received by (Signature) <i>Mike Reynolds</i>	Received by (printed)	Title
Inspector (Signature) <i>Mark King</i>	Follow-up required? YES (NO) (circle one)	Follow-up date:

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Establishment <i>Knights of Columbus</i>		Permit# <i>28368</i>		Date <i>6-20-18</i>	
TEMPERATURE OBSERVATIONS				SANITIZER OBSERVATIONS	
Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
	°F	<i>salad dressing</i>	<i>40</i> °F	<i>Quat</i>	<i>200</i> ppm / °F
	°F	<i>cod</i>	<i>-20</i> °F		ppm / °F
	°F		°F		ppm / °F
	°F		°F		ppm / °F
	°F		°F		ppm / °F

MANAGER CERTIFICATION REQUIREMENT					
Manager Name	Illinois Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?
<i>Kevin Leitheiser</i>	<i>01619180</i>	<i>9-9-18</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ITEM OBSERVATIONS AND CORRECTIVE ACTIONS		
Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)

Received by (Signature) <i>Mike Russell</i>	Inspector (Signature) <i>Mark King</i>
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