

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

Retail Food Sanitary Inspection Report

Establishment Lanier Country Market	Permit# 28454	Date 11/15	Grade A	Score (100 - demerits) 100
Address 304 S. O'Beannon	Establishment Code 09	Risk 3	Time in 11:30 am	
City Raymond IL	State IL	Zip 62510	Phone Number (717) 229-3680	Time out 12:10 pm
Owner/Agent Harpreet Sarai	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				17 IN OUT N/A NO Proper reheating procedures for hot holding			
2	IN OUT			18 IN OUT N/A NO Proper cooling time & temperature			
Employee health policy and procedures				19 IN OUT N/A NO Proper hot holding temperature			
Good Hygienic Practices 6 points				20 IN OUT N/A NO Proper cold holding temperature			
3	IN OUT N/A NO			21 IN OUT N/A NO Proper date marking & disposition of PHF			
Proper glove use				22 IN OUT N/A NO Time as a public health control: approved procedure & records			
4	IN OUT NO			Consumer Advisory 3 points			
Proper eating, tasting, drinking, tobacco use				23 IN OUT N/A			
5	IN OUT NO			Consumer advisory provided for raw or undercooked foods			
Personal hygiene and cleanliness				Highly Susceptible Populations 5 points			
Preventing Contamination by Hands 8 points				24 IN OUT N/A Proper foods used for susceptible populations			
6	IN OUT NO			Chemical 5 points			
Hands clean, handwashing procedures				25 IN OUT N/A NO			
7	IN OUT N/A NO			Sanitizing solutions in excess of allowable limits			
No bare hand contact with RTE foods				26 IN OUT Toxic items properly identified, stored & used			
8	IN OUT			Approved Procedures 3 points			
Adequate handwashing facilities supplied & accessible				27 IN OUT N/A			
Approved Sources 5 points				Compliance with variance, HACCP, policy			
9	IN OUT						
Food obtained from approved source							
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.				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			
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				46 1 Non-food contact surfaces clean			
34	1			47 3 Hot & cold water available, adequate pressure			
Food properly labeled; original container				48 1 Physical facilities clean			
Prevention from Contamination				49 1 Cleaning equipment properly stored			
35	3			50 1 Toilet facilities constructed, supplied & cleaned, self-closing doors			
Insects/rodents/animals present; unauthorized persons; openings				51 1 Refuse properly disposed; facilities maintained			
36	2			52 1 Physical facilities properly installed & maintained			
Food protection during food preparation, storage & display				53 1 Adequate ventilation & lighting; designated areas used			
37	2						
Personal cleanliness (presentation)							
38	1						
Wiping cloths: properly used & stored							
39	1						
Fruits & vegetables properly washed before use							

Received by (Signature) <i>[Signature]</i>	Received by (printed)	Title
Inspector (Signature) <i>[Signature]</i>	Follow-up required? YES (NO) (circle one)	Follow-up date:

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Establishment <i>Lancers Country Market</i>		Permit# <i>28454</i>		Date <i>1/7/14</i>	
TEMPERATURE OBSERVATIONS				SANITIZER OBSERVATIONS	
Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
<i>Cheese</i>	<i>38 °F</i>	<i>Bologna</i>	<i>39 °F</i>	<i>20st Soap</i>	ppm / °F
<i>cole slaw</i>	<i>34 °F</i>	<i>milk</i>	<i>38 °F</i>		ppm / °F
<i>Fish Sticks</i>	<i>-11 °F</i>	<i>Buttito</i>	<i>-16 °F</i>		ppm / °F
<i>PIZZA</i>	<i>4 °F</i>	<i>Steak</i>	<i>-12 °F</i>		ppm / °F
<i>PIZZA</i>	<i>-16 °F</i>	<i>PIZZA</i>	<i>-13 °F</i>		ppm / °F

MANAGER CERTIFICATION REQUIREMENT						
Manager Name	Illinois Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?	
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO

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

Received by (Signature) 	Inspector (Signature)
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