

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

Retail Food Sanitary Inspection Report

Establishment Lomas Del Sol	Permit# 28478	Date 3-1-18	Grade A	Score (100 - demerits) 97
Address 280 Springfield Rd	Establishment Code 01	Risk 1	Time in 1:00 pm	
City Hillsboro State IL Zip 62049	Phone Number (217) 532-3201		Time out 2:08 pm	
Owner/Agent Saul Quicoz	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

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for C and/or R
IN=in compliance OUT=out of compliance N/O=not observed N/A=not applicable C=corrected on-site during inspection R=repeat violation (2X demerits)

Compliance Status	C	R	Compliance Status	C	R
Demonstration of Knowledge 5 points			Potentially Hazardous Food Time/Temperature 9 points		
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A			16 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO		
Compliance with Certified Manager Requirement			17 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> NO		
Employee Health 5 points			18 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> NO		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			19 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO		
Employee health policy and procedures			20 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A		
Good Hygienic Practices 6 points			21 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO			22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO		
Proper glove use			Proper date marking & disposition of PHF		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Time as a public health control: approved procedure & records		
Proper eating, tasting, drinking, tobacco use			Consumer Advisory 3 points		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT			23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Personal hygiene and cleanliness			Consumer advisory provided for raw or undercooked foods		
Preventing Contamination by Hands 8 points			Highly Susceptible Populations 5 points		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT			24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Hands clean, handwashing procedures			Proper foods used for susceptible populations		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO			Chemical 5 points		
No bare hand contact with RTE foods			25 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input type="radio"/> NO		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT			26 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible			Toxic items properly identified, stored & used		
Approved Source 5 points			Approved Procedures 3 points		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT			27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
Food obtained from approved source			Compliance with variance, HACCP, policy		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A <input checked="" type="radio"/> NO			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.		
Food received at proper temperature					
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT					
Food in good condition, safe, unadulterated					
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A					
Required records available; shellstock tags					
Protection from Contamination 6 points					
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A					
Food separated & protected					
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT N/A					
Food contact surfaces clean & sanitized					
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT					
No re-use of foods or single service previously served					

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 appropriate box for C and/or R

Mark "X" in box if numbered item IS NOT in compliance

C=corrected on-site during inspection R=repeat violation (2X demerits)

Pts	Description	C	R	Pts	Description	C	R
Safe Water & Sewage Disposal				Proper Use of Utensils			
28	3 Water & ice from approved source			40	1 In-use utensils; properly stored		
29	3 Plumbing installed; backflow protection			41	1 Utensils, equipment & linens; properly stored, washed & handled		
30	3 Sewage & wastewater disposal			42	1 Single-service articles: storage & dispensing		
Food Equipment				43	<input checked="" type="checkbox"/> 2 Food (ice) contact surfaces: constructed, installed, maintained		
31	1 Facilities to maintain product temperature			44	1 Non-food contact surfaces: constructed, installed, maintained		
32	2 Approved thawing methods			45	1 Warewashing facilities: installed, maintained & used; test strips		
33	1 Thermometers/gauges provided, used & accurate			46	1 Non-food contact surfaces clean		
Food Identification				Physical Facilities			
34	1 Food properly labeled; original container			47	3 Hot & cold water available, adequate pressure		
Prevention from Contamination				48	1 Physical facilities clean		
35	3 Insects/rodents/animals present; unauthorized persons; openings			49	1 Cleaning equipment properly stored		
36	2 Food protection during food preparation, storage & display			50	1 Toilet facilities constructed, supplied & cleaned, self-closing doors		
37	2 Personal cleanliness (presentation)			51	1 Refuse properly disposed; facilities maintained		
38	1 Wiping cloths: properly used & stored			52	<input checked="" type="checkbox"/> 1 Physical facilities properly installed & maintained		
39	1 Fruits & vegetables properly washed before use			53	1 Adequate ventilation & lighting; designated areas used		

Received by (Signature) <i>Sandra G</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 Lomas Del Sol		Permit# 28478		Date 3-1-18	
TEMPERATURE OBSERVATIONS				SANITIZER OBSERVATIONS	
Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
Soup Cream	35 °F	ground beef	34 °F	Chlorine	100 ppm / °F
Bacon	35 °F	refried beans	147 °F	Chlorine	100 ppm / °F
Beef	-3 °F	rice	145 °F		ppm / °F
shrimp	37 °F	chicken	147 °F		ppm / °F
Sausage	-1 °F	cheese sauce	137 °F		ppm / °F

MANAGER CERTIFICATION REQUIREMENT					
Manager Name	Illinois Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?
Sandra Garcia	01671653	4-21-20	<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 <small>(NRI = Next Routine Inspection)</small>
43	inside ice machine splash shield has some soil buildup	corrected
52	floor area on the left side of dishwasher / not smooth and easy to clean	NRI

Received by (Signature) <i>Sandra G.</i>	Inspector (Signature) <i>Mark King</i>
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