

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## FOOD ESTABLISHMENT INSPECTION REPORT

Establishment <b>Las Rancheros</b>	Permit # <b>28996</b>	Date <b>5/30/19</b>	# of Risk Factors <b>1</b>
Address <b>18 Corvette Dr</b>	Time in <b>11:35 pm</b>	Risk <b>1</b>	# of Repeat Risk Factors <b>0</b>
City <b>Litchfield</b> State <b>IL</b>	Zip <b>62056</b>	Time out <b>12:28 pm</b>	Permit Holder <b>Nester Lopez</b>
Purpose of Inspection (circle one) <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Pre-opening <input type="radio"/> Complaint <input type="radio"/> Educational <input type="radio"/> Other			

### 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=out of compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for C and/or R

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

Compliance Status	C	R
<b>Demonstration of Knowledge</b>		
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Person in charge present, demonstrates knowledge and duties		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Certified Food Protection Manager Requirement Compliance		
<b>Employee Health</b>		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper use of restriction and exclusion		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Procedures for responding to vomiting and diarrheal events		
<b>Good Hygienic Practices</b>		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Proper eating, tasting, drinking, tobacco use		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
No discharge from eyes, nose, and mouth		
<b>Preventing Contamination by Hands</b>		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO		
Hands clean, handwashing procedures		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No bare hand contact with RTE foods or alternative procedure		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Adequate handwashing facilities supplied & accessible		
<b>Approved Source</b>		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food obtained from approved source		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food received at proper temperature		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Food in good condition, safe, unadulterated		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Required records available; shellstock tags, parasite destruction		

Compliance Status	C	R
<b>Protection from Contamination</b>		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food separated & protected		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food contact surfaces clean & sanitized		
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT		
Proper disposition of returned, previously served, reconditioned & unsafe food		
<b>Potentially Hazardous Food Time/Temperature</b>		
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper cooking time & temperature		
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper reheating procedures for hot holding		
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper cooling time & temperature		
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper hot holding temperature		
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper cold holding temperature		
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Proper date marking & disposition of PHF		
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Time as a public health control: approved procedure & records		
<b>Consumer Advisory</b>		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations</b>		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper foods used for susceptible populations		
<b>Chemical</b>		
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food additives: approved and properly used		
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Toxic items properly identified, stored & used		
<b>Approved Procedures</b>		
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Compliance with variance, HACCP, special processes		

Risk factors are important 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. Risk factors require immediate correction

### GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Good Retail Practices are preventable measures to control 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

Compliance Status	C	R
<b>Safe Food and Water</b>		
30 <input type="checkbox"/>		
Pasteurized eggs used where required		
31 <input type="checkbox"/>		
Water and ice from approved source		
32 <input type="checkbox"/>		
Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>		
33 <input type="checkbox"/>		
Proper cooling methods; adequate equipment for temperature control		
34 <input type="checkbox"/>		
Plant food properly cooked for hot holding		
35 <input type="checkbox"/>		
Approved thawing methods		
36 <input type="checkbox"/>		
Thermometers/gauges provided, used & accurate		
<b>Food Identification</b>		
37 <input type="checkbox"/>		
Food properly labeled; original container		
<b>Prevention from Contamination</b>		
38 <input type="checkbox"/>		
Insects/rodents/animals not present; unauthorized persons; openings		
39 <input type="checkbox"/>		
Contamination prevented during food preparation, storage & display		
40 <input type="checkbox"/>		
Personal cleanliness (presentation)		
41 <input type="checkbox"/>		
Wiping cloths: properly used & stored		
42 <input type="checkbox"/>		
Fruits & vegetables properly washed before use		

Compliance Status	C	R
<b>Proper Use of Utensils</b>		
43 <input type="checkbox"/>		
In-use utensils; properly stored		
44 <input type="checkbox"/>		
Utensils, equipment & linens; properly stored, washed, dried & handled		
45 <input type="checkbox"/>		
Single-service articles: properly stored & used		
46 <input type="checkbox"/>		
Gloves used properly		
<b>Utensils, Equipment and Vending</b>		
47 <input type="checkbox"/>		
Food and Non-food contact surfaces: constructed, installed, maintained		
48 <input type="checkbox"/>		
Warewashing facilities: installed, maintained & used; test strips		
49 <input type="checkbox"/>		
Non-food contact surfaces clean		
<b>Physical Facilities</b>		
50 <input type="checkbox"/>		
Hot & cold water available, adequate pressure		
51 <input type="checkbox"/>		
Plumbing installed; proper backflow devices		
52 <input type="checkbox"/>		
Sewage & wastewater properly disposed		
53 <input type="checkbox"/>		
Toilet facilities constructed, supplied & cleaned, self-closing doors		
54 <input type="checkbox"/>		
Garbage & refuse properly disposed; facilities maintained		
55 <input type="checkbox"/>		
Physical facilities properly installed, maintained & clean		
56 <input type="checkbox"/>		
Adequate ventilation & lighting; designated areas used		
<b>Employee Training</b>		
57 <input type="checkbox"/>		
All food employees have food handler training within 30 days of hire		
58 <input type="checkbox"/>		
Documentation of Allergen Awareness Training		

Compliant with the Smoke-Free Illinois Act?  YES  NO (circle one)

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## FOOD ESTABLISHMENT INSPECTION REPORT

Establishment <u>Los Rancheros</u>	Permit# <u>28996</u>	Date <u>5/30/19</u>
------------------------------------	----------------------	---------------------

### WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) Private <input type="radio"/> Public <input checked="" type="radio"/>	Wastewater Supply (circle one) Private <input type="radio"/> Public <input checked="" type="radio"/>
---	--

### TEMPERATURE OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
<u>Chicken</u>	<u>157 °F</u>	<u>Shrimp</u>	<u>35 °F</u>	<u>Chlorine</u>	<u>100 ppm / °F</u>
<u>Beef</u>	<u>164 °F</u>	<u>pick</u>	<u>38 °F</u>		ppm / °F
<u>Rice</u>	<u>159 °F</u>	<u>Pizza</u>	<u>7 °F</u>		ppm / °F
<u>Refried Beans</u>	<u>156 °F</u>	<u>Cut tomatoes</u>	<u>40 °F</u>		ppm / °F
<u>Cheese sauce</u>	<u>148 °F</u>	<u>milk</u>	<u>39 °F</u>		ppm / °F

### SANITIZER OBSERVATIONS

### CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?	Original Copy Posted in Facility?
<u>Aster Lopez</u>	<u>011623990</u>		YES NO	YES NO
<u>Alvaro Lopez</u>	<u>21553803</u>	<u>2-26-24</u>	<input checked="" type="radio"/> YES NO	<input checked="" type="radio"/> YES NO
			YES NO	YES NO

HACCP TOPIC:

### ITEM OBSERVATIONS AND CORRECTIVE ACTIONS

Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)
<u>28</u>	<u>Oven Cleaner sprayer not properly labeled with contents</u>	<u>NRI corrected</u>

Received by (Signature)	Received by (printed)	Title
Inspector (Signature)	Follow-up required? YES <input type="radio"/> NO <input checked="" type="radio"/> (circle one)	Follow-up date: