

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|--|---------------------------|---------------------------------------|--------------------------------------|
| Establishment Madison Park | Permit # 28448 | Date 5/16/19 | # of Risk Factors 0 |
| Address 800 N. Chestnut | Time in 11:10am | Risk 1 | # of Repeat Risk Factors 0 |
| City Litchfield State IL ZIP 62056 | Time out | Permit Holder Mary Jo Weeks | |

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| Compliance Status | | C | R | Compliance Status | | C | R |
|---|--|---|---|--|---|---|---|
| Demonstration of Knowledge | | | | Protection from Contamination | | | |
| 1 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 15 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO | | |
| Person in charge present, demonstrates knowledge and duties | | | | Food separated & protected | | | |
| 2 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 16 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | |
| Certified Food Protection Manager Requirement Compliance | | | | Food contact surfaces clean & sanitized | | | |
| Employee Health | | | | Potentially Hazardous Food Time/Temperature | | | |
| 3 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 17 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper disposition of returned, previously served, reconditioned & unsafe food | | | |
| 4 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 18 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| Proper use of restriction and exclusion | | | | Proper cooking time & temperature | | | |
| 5 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 19 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| Procedures for responding to vomiting and diarrheal events | | | | Proper reheating procedures for hot holding | | | |
| Good Hygienic Practices | | | | Consumer Advisory | | | |
| 6 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO | | | 20 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| Proper eating, tasting, drinking, tobacco use | | | | Proper cooling time & temperature | | | |
| 7 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO | | | 21 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| No discharge from eyes, nose, and mouth | | | | Proper hot holding temperature | | | |
| Preventing Contamination by Hands | | | | Highly Susceptible Populations | | | |
| 8 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | | 22 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| Hands clean, handwashing procedures | | | | Proper cold holding temperature | | | |
| 9 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | | 23 | <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 | | | | Proper date marking & disposition of PHF | | | |
| 10 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 24 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| Adequate handwashing facilities supplied & accessible | | | | Time as a public health control: approved procedure & records | | | |
| Approved Source | | | | Chemical | | | |
| 11 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 25 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | |
| Food obtained from approved source | | | | Consumer advisory provided for raw or undercooked foods | | | |
| 12 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | | Approved Procedures | | | |
| Food received at proper temperature | | | | 26 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | |
| 13 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | Proper foods used for susceptible populations | | | |
| Food in good condition, safe, unadulterated | | | | 27 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | |
| 14 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO | | | Food additives: approved and properly used | | | |
| Required records available; shellstock tags, parasite destruction | | | | 28 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | |
| | | | | Toxic items properly identified, stored & used | | | |
| | | | | 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

| Compliance Status | | C | R | Compliance Status | | C | R |
|---|--|---|---|--|--|---|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | <input type="radio"/> IN <input type="radio"/> OUT | | | 43 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| Pasteurized eggs used where required | | | | In-use utensils; properly stored | | | |
| 31 | <input type="radio"/> IN <input type="radio"/> OUT | | | 44 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| Water and ice from approved source | | | | Utensils, equipment & linens; properly stored, washed, dried & handled | | | |
| 32 | <input type="radio"/> IN <input type="radio"/> OUT | | | 45 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| Variance obtained for specialized processing methods | | | | Single-service articles: properly stored & used | | | |
| Food Temperature Control | | | | Utensils, Equipment and Vending | | | |
| 33 | <input type="radio"/> IN <input type="radio"/> OUT | | | 46 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| Proper cooling methods; adequate equipment for temperature control | | | | Gloves used properly | | | |
| 34 | <input type="radio"/> IN <input type="radio"/> OUT | | | Physical Facilities | | | |
| Plant food properly cooked for hot holding | | | | 47 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 35 | <input type="radio"/> IN <input type="radio"/> OUT | | | Food and Non-food contact surfaces: constructed, installed, maintained | | | |
| Approved thawing methods | | | | 48 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 36 | <input type="radio"/> IN <input type="radio"/> OUT | | | Warewashing facilities: installed, maintained & used; test strips | | | |
| Thermometers/gauges provided, used & accurate | | | | 49 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| Food Identification | | | | Employee Training | | | |
| 37 | <input type="radio"/> IN <input type="radio"/> OUT | | | 50 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| Food properly labeled; original container | | | | Hot & cold water available, adequate pressure | | | |
| Prevention from Contamination | | | | 51 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 38 | <input type="radio"/> IN <input type="radio"/> OUT | | | Plumbing installed; proper backflow devices | | | |
| Insects/rodents/animals not present; unauthorized persons; openings | | | | 52 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 39 | <input type="radio"/> IN <input type="radio"/> OUT | | | Sewage & wastewater properly disposed | | | |
| Contamination prevented during food preparation, storage & display | | | | 53 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 40 | <input type="radio"/> IN <input type="radio"/> OUT | | | Toilet facilities constructed, supplied & cleaned, self-closing doors | | | |
| Personal cleanliness (presentation) | | | | 54 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 41 | <input type="radio"/> IN <input type="radio"/> OUT | | | Garbage & refuse properly disposed; facilities maintained | | | |
| Wiping cloths: properly used & stored | | | | 55 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| 42 | <input type="radio"/> IN <input type="radio"/> OUT | | | Physical facilities properly installed, maintained & clean | | | |
| Fruits & vegetables properly washed before use | | | | 56 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| | | | | Adequate ventilation & lighting; designated areas used | | | |
| | | | | Employee Training | | | |
| | | | | 57 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| | | | | All food employees have food handler training within 30 days of hire | | | |
| | | | | 58 | <input type="radio"/> IN <input type="radio"/> OUT | | |
| | | | | Documentation of Allergen Awareness Training | | | |

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

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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Madison Park Permit# 28448 Date 5/16/19

WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) Private Public Wastewater Supply (circle one) Private Public

TEMPERATURE OBSERVATIONS

SANITIZER OBSERVATIONS

| Item/Location | Temperature | Item/Location | Temperature | Sanitizer | Concentration/ Temperature |
|---------------|--------------|-------------------------|---------------|-------------|-------------------------------|
| <u>milk</u> | <u>35</u> °F | <u>pizza sauce</u> | <u>157</u> °F | <u>Quat</u> | <u>200</u> ppm / °F |
| <u>milk</u> | <u>34</u> °F | <u>sauce</u> | | | ppm / °F |
| | °F | <u>Baked Beans</u> | <u>155</u> °F | | ppm / °F |
| | °F | | °F | | ppm / °F |
| | °F | | °F | | ppm / °F |

CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

| Manager Name | Certification Number | Expiration Date | Present During Inspection? | Original Copy Posted in Facility? |
|----------------------|----------------------|-----------------|--|--|
| <u>Mary Jo Weeks</u> | <u>1166295</u> | <u>3-8-22</u> | <input checked="" type="checkbox"/> YES NO | <input checked="" type="checkbox"/> YES NO |
| | | | YES NO | YES NO |
| | | | YES NO | YES NO |

HACCP TOPIC:

Discussed the HACCP of proper handwashing procedures

ITEM OBSERVATIONS AND CORRECTIVE ACTIONS

| Item # | Explanation of Violation and Recommendations for Correction | Correct By (NRI = Next Routine Inspection) |
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Received by (Signature) [Signature] Received by (printed) _____ Title _____
Inspector (Signature) [Signature] Follow-up required? YES NO (circle one) Follow-up date: _____