

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## FOOD ESTABLISHMENT INSPECTION REPORT

Establishment <b>Magnuson Grand Hotel</b>	Permit # <b>13988</b>	Date <b>6/5/19</b>	# of Risk Factors <b>0</b>
Address <b>I-55 &amp; R+108</b>	Time in <b>3:00pm</b>	Risk <b>1</b>	# of Repeat Risk Factors <b>0</b>
City <b>Carlinville</b> State <b>IL</b>	Zip <b>13988</b>	Time out <b>4:15pm</b>	Permit Holder <b>Josh Davis</b>
Purpose of Inspection (circle one) <b>Routine</b> Follow-up Pre-opening Complaint Educational Other			

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		C	R	Compliance Status		C	R
<b>Demonstration of Knowledge</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input 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			
<b>Employee Health</b>				<b>Potentially Hazardous Food Time/Temperature</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
Management, food employees 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			
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
Proper eating, lastng, drinking, tobacco use				Proper cooling time & temperature			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input 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			
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <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			
<b>Approved Source</b>				<b>Chemical</b>			
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 checked="" type="radio"/> NO			<b>Highly Susceptible Populations</b>			
Food received at proper temperature				Proper foods used for susceptible populations			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			<b>Chemical</b>			
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			
				<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

Compliance Status		C	R	Compliance Status		C	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT			43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Pasteurized eggs used where required				In-use utensils; properly stored			
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			44	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Water and ice from approved source				Utensils, equipment & linens; properly stored, washed, dried & handled			
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			45	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Variance obtained for specialized processing methods				Single-service articles: properly stored & used			
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			46	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Proper cooling methods; adequate equipment for temperature control				Gloves used properly			
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			<b>Physical Facilities</b>			
Plant food properly cooked for hot holding				47	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			Food and Non-food contact surfaces: constructed, installed, maintained			
Approved thawing methods				48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			Warewashing facilities: installed, maintained & used; test strips			
Thermometers/gauges provided, used & accurate				49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
<b>Food Identification</b>				Non-food contact surfaces clean			
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			<b>Employee Training</b>			
Food properly labeled; original container				50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
<b>Prevention from Contamination</b>				Hot & cold water available, adequate pressure			
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Insects/rodents/animals not present; unauthorized persons; openings				Plumbing installed; proper backflow devices			
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Contamination prevented during food preparation, storage & display				Sewage & wastewater properly disposed			
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Personal cleanliness (presentation)				Toilet facilities constructed, supplied & cleaned, self-closing doors			
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			54	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Wiping cloths: properly used & stored				Garbage & refuse properly disposed; facilities maintained			
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO			55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
Fruits & vegetables properly washed before use				Physical facilities properly installed, maintained & clean			
				56	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
				Adequate ventilation & lighting; designated areas used			
				<b>Employee Training</b>			
				57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
				All food employees have food handler training within 30 days of hire			
				58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> NO		
				Documentation of Allergen Awareness Training			

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

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### WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) Private <input type="radio"/> <b>Public</b> <input checked="" type="radio"/>	Wastewater Supply (circle one) Private <input type="radio"/> <b>Public</b> <input checked="" type="radio"/>
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### TEMPERATURE OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature		Concentration/ Temperature
<u>Veg. Soup 161</u>					
<u>onion rings</u>	<u>-9 °F</u>	<u>taco meat</u>	<u>155 °F</u>	<u>Quat</u>	<u>200 ppm °F</u>
<u>chicken</u>	<u>35 °F</u>	<u>cheese sauce</u>	<u>140 °F</u>	<u>Temp</u>	<u>178 ppm °F</u>
<u>cut tomatoes</u>	<u>39 °F</u>	<u> gravy</u>	<u>145 °F</u>		ppm / °F
<u>sausage</u>	<u>-4 °F</u>	<u>Ice Cream</u>	<u>-7 °F</u>		ppm / °F
<u>pie (cream)</u>	<u>38 °F</u>	<u>Shrimp</u>	<u>38 °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>Steve Allen</u>			<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
			YES NO	YES NO
			YES NO	YES NO

### HACCP TOPIC:

Discussed the HACCP of proper glove use

### ITEM OBSERVATIONS AND CORRECTIVE ACTIONS

Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)
<u>49</u>	<u>Kitchen equipment has some soil accumulation around contact surfaces and along wallbase</u>	<u>NRI</u>
<u>55</u>	<u><del>dry</del> storage room <sup>Floor</sup> not smooth and easy to clean</u>	↓

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