

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Maverick	Permit # 13986	Date 5/21/19	# of Risk Factors 8
Address 201 W. Ohren	Time in 10:10 am	Risk 1	# of Repeat Risk Factors 0
City Litchfield IL	Time out 11:15 am	Permit Holder Kara Steffens	

Purpose of Inspection (circle one) Routine Follow-up Pre-opening 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
Demonstration of Knowledge		
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		
Employee Health		
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		
Good Hygienic Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" 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		
Preventing Contamination by Hands		
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		
Approved Source		
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 checked="" 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		
Protection from Contamination		
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		
Potentially Hazardous Food Time/Temperature		
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 checked="" 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		
Consumer Advisory		
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations		
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Proper foods used for susceptible populations		
Chemical		
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		
Approved Procedures		
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
Safe Food and Water		
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		
Food Temperature Control		
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		
Food Identification		
37 <input type="checkbox"/>		
Food properly labeled; original container		
Prevention from Contamination		
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		
Proper Use of Utensils		
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		
Utensils, Equipment and Vending		
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		
Physical Facilities		
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		
Employee Training		
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)

