

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Meals on Wheels	Permit # 13954	Date 7/2/19	# of Risk Factors 0
Address 8353 IL R+127	Time in 9:40am	Risk 1	# of Repeat Risk Factors 0
City Taylor Springs IL	State IL	Zip 62089	Time out 10:15am
Purpose of Inspection (circle one) Routine Follow-up Pre-opening Complaint Educational Other		Permit Holder Carol McCario	

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	Description	C	R
Demonstration of Knowledge			
<input checked="" type="radio"/> IN	1 Person in charge present, demonstrates knowledge and duties		
<input checked="" type="radio"/> IN	2 Certified Food Protection Manager Requirement Compliance		
Employee Health			
<input checked="" type="radio"/> IN	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting		
<input checked="" type="radio"/> IN	4 Proper use of restriction and exclusion		
<input checked="" type="radio"/> IN	5 Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
<input checked="" type="radio"/> IN	6 Proper eating, lastng, drinking, tobacco use		
<input checked="" type="radio"/> IN	7 No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
<input checked="" type="radio"/> IN	8 Hands clean, handwashing procedures		
<input checked="" type="radio"/> IN	9 No bare hand contact with RTE foods or alternative procedure		
<input checked="" type="radio"/> IN	10 Adequate handwashing facilities supplied & accessible		
Approved Source			
<input checked="" type="radio"/> IN	11 Food obtained from approved source		
<input checked="" type="radio"/> IN	12 Food received at proper temperature		
<input checked="" type="radio"/> IN	13 Food in good condition, safe, unadulterated		
<input checked="" type="radio"/> IN	14 Required records available; shellstock tags, parasite destruction		
Protection from Contamination			
<input checked="" type="radio"/> IN	15 Food separated & protected		
<input checked="" type="radio"/> IN	16 Food contact surfaces clean & sanitized		
<input checked="" type="radio"/> IN	17 Proper disposition of returned, previously served, reconditioned & unsafe food		
Potentially Hazardous Food Time/Temperature			
<input checked="" type="radio"/> IN	18 Proper cooking time & temperature		
<input checked="" type="radio"/> IN	19 Proper reheating procedures for hot holding		
<input checked="" type="radio"/> IN	20 Proper cooling time & temperature		
<input checked="" type="radio"/> IN	21 Proper hot holding temperature		
<input checked="" type="radio"/> IN	22 Proper cold holding temperature		
<input checked="" type="radio"/> IN	23 Proper date marking & disposition of PHF		
<input checked="" type="radio"/> IN	24 Time as a public health control: approved procedure & records		
Consumer Advisory			
<input checked="" type="radio"/> IN	25 Consumer advisory provided for raw or undercooked foods		
Highly Susceptible Populations			
<input checked="" type="radio"/> IN	26 Proper foods used for susceptible populations		
Chemical			
<input checked="" type="radio"/> IN	27 Food additives: approved and properly used		
<input checked="" type="radio"/> IN	28 Toxic items properly identified, stored & used		
Approved Procedures			
<input checked="" type="radio"/> IN	29 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
C=corrected on-site during inspection R=repeat violation

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

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

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

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Establishment <i>Meals on Wheels</i>	Permit# <i>13954</i>	Date <i>7/3/19</i>
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WATER AND WASTEWATER OBSERVATIONS

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

Item/Location	Temperature	Item/Location	Temperature
	°F	<i>pork patties</i>	<i>141</i> °F
	°F	<i>spaghetti</i>	<i>0</i> °F
	°F	<i>cut fruit</i>	<i>33</i> °F
	°F	<i>milk</i>	<i>34</i> °F
	°F		°F

SANITIZER OBSERVATIONS

Sanitizer	Concentration/	Temperature
<i>50%</i>		ppm / °F
		ppm / °F
		ppm / °F
		ppm / °F
		ppm / °F

CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?	Original Copy Posted in Facility?
<i>Carol McCario</i>	<i>21448225</i>	<i>3-27-23</i>	<input checked="" type="checkbox"/> YES NO	<input checked="" type="checkbox"/> YES NO
			YES NO	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)

Received by (Signature) <i>Carol McCario</i>	Received by (printed)	Title
Inspector (Signature) <i>Mark King</i>	Follow-up required? YES <input checked="" type="checkbox"/> NO (circle one)	Follow-up date: