

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Nokomis North School	Permit # 13931	Date 5/17/19	# of Risk Factors 0
Address 110 W. Hamilton St.	Time in 10:15am	Risk 1	# of Repeat Risk Factors 0
City Nokomis State IL Zip 62075	Time out 11:03am	Permit Holder Kim Brown	

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
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
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 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 checked="" type="radio"/> N/A <input type="radio"/> NO		Required records available; shellstock tags, parasite destruction		

Compliance Status			C	R
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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/> N/A		Proper foods used for susceptible populations		
Chemical				
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" 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 checked="" 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
C=corrected on-site during inspection R=repeat violation

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

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

Item/Location	Temperature	Item/Location	Temperature
<u>Cheese</u>	<u>40 °F</u>	<u>turkey</u>	<u>-4 °F</u>
<u>bacon</u>	<u>-5 °F</u>	<u>Sausage, egg</u>	<u>-1 °F</u>
	°F	<u>corn dogs</u>	<u>170 °F</u>
	°F	<u>pizza</u>	<u>172 °F</u>
	°F		°F

SANITIZER OBSERVATIONS

Sanitizer	Concentration/ Temperature
<u>Quat</u>	<u>200 ppm / °F</u>
<u>Temp</u>	<u>165 ppm / °F</u>
	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?
<u>Kim Brown</u>	<u>01633287</u>	<u>3-6-19</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)

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