

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## Retail Food Sanitary Inspection Report

Establishment <b>Orpheum Theatre</b>	Permit# <b>28414</b>	Date <b>12/19/14</b>	Grade <b>A</b>	Score (100 - demerits) <b>99</b>
Address <b>316 Main St</b>	Establishment Code	Risk <b>3</b>	Time in <b>4:00 pm</b>	
City <b>Hillsboro</b> State <b>IL</b> Zip <b>62049</b>	Phone Number <b>(217) 532-6606</b>	Time out <b>4:45 pm</b>		
Owner/Agent <b>Jeff Eisenbraut</b>	Compliant with the Smoke-Free Illinois Act? <b>(YES) NO (circle one)</b>			

Purpose of Inspection (circle one): **Routine** Follow-up Pre-opening Smoking 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  
C=corrected on-site during inspection R=repeat violation (2X demerits)

Compliance Status		C	R
<b>Demonstration of Knowledge 5 points</b>			
1 <b>(IN)</b> OUT N/A	Compliance with Certified Manager Requirement		
<b>Employee Health 5 points</b>			
2 <b>(IN)</b> OUT	Employee health policy and procedures		
<b>Good Hygienic Practices 6 points</b>			
3 <b>(IN)</b> OUT <b>(N/A)</b> NO	Proper glove use		
4 <b>(IN)</b> OUT	Proper eating, tasting, drinking, tobacco use		
5 <b>(IN)</b> OUT	Personal hygiene and cleanliness		
<b>Preventing Contamination by Hands 8 points</b>			
6 <b>(IN)</b> OUT	Hands clean, handwashing procedures		
7 <b>(IN)</b> OUT <b>(N/A)</b> NO	No bare hand contact with RTE foods		
8 <b>(IN)</b> OUT	Adequate handwashing facilities supplied & accessible		
<b>Approved Source 5 points</b>			
9 <b>(IN)</b> OUT	Food obtained from approved source		
10 <b>(IN)</b> OUT <b>(N/A)</b> NO	Food received at proper temperature		
11 <b>(IN)</b> OUT	Food in good condition, safe, unadulterated		
12 <b>(IN)</b> OUT <b>(N/A)</b>	Required records available; shellstock tags		
<b>Protection from Contamination 6 points</b>			
13 <b>(IN)</b> OUT <b>(N/A)</b>	Food separated & protected		
14 <b>(IN)</b> OUT <b>(N/A)</b>	Food contact surfaces clean & sanitized		
15 <b>(IN)</b> OUT	No re-use of foods or single service previously served		

Compliance Status		C	R
<b>Potentially Hazardous Food Time/Temperature 9 points</b>			
16 <b>(IN)</b> OUT <b>(N/A)</b> NO	Proper cooking time & temperature		
17 <b>(IN)</b> OUT <b>(N/A)</b> NO	Proper reheating procedures for hot holding		
18 <b>(IN)</b> OUT <b>(N/A)</b> NO	Proper cooling time & temperature		
19 <b>(IN)</b> OUT <b>(N/A)</b> NO	Proper hot holding temperature		
20 <b>(IN)</b> OUT <b>(N/A)</b>	Proper cold holding temperature		
21 <b>(IN)</b> OUT <b>(N/A)</b> NO	Proper date marking & disposition of PHF		
22 <b>(IN)</b> OUT <b>(N/A)</b> NO	Time as a public health control: approved procedure & records		
<b>Consumer Advisory 3 points</b>			
23 <b>(IN)</b> OUT <b>(N/A)</b>	Consumer advisory provided for raw or undercooked foods		
<b>Highly Susceptible Populations 5 points</b>			
24 <b>(IN)</b> OUT <b>(N/A)</b>	Proper foods used for susceptible populations		
<b>Chemical 5 points</b>			
25 <b>(IN)</b> OUT <b>(N/A)</b> NO	Sanitizing solutions in excess of allowable limits		
26 <b>(IN)</b> OUT	Toxic items properly identified, stored & used		
<b>Approved Procedures 3 points</b>			
27 <b>(IN)</b> OUT <b>(N/A)</b>	Compliance with variance, HACCP, policy		

Risk factors are improper 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. Greater weight is given to these violations.

### GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Good Retail Practices and Standard Operating Procedures are preventative measures to control the 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 (2X demerits)

Pts		C	R
<b>Safe Water &amp; Sewage Disposal</b>			
28	3	Water & ice from approved source	
29	3	Plumbing installed; backflow protection	
30	3	Sewage & wastewater disposal	
<b>Food Equipment</b>			
31	1	Facilities to maintain product temperature	
32	2	Approved thawing methods	
33	1	Thermometers/gauges provided, used & accurate	
<b>Food Identification</b>			
34	1	Food properly labeled; original container	
<b>Prevention from Contamination</b>			
35	3	Insects/rodents/animals present; unauthorized persons; openings	
36	2	Food protection during food preparation, storage & display	
37	2	Personal cleanliness (presentation)	
38	1	Wiping cloths: properly used & stored	
39	1	Fruits & vegetables properly washed before use	

Pts		C	R
<b>Proper Use of Utensils</b>			
40	1	In-use utensils; properly stored	
41	1	Utensils, equipment & linens; properly stored, washed & handled	
42	1	Single-service articles: storage & dispensing	
43	2	Food (ice) contact surfaces: constructed, installed, maintained	
44	1	Non-food contact surfaces: constructed, installed, maintained	
45	X	1	Warewashing facilities: installed, maintained & used; test strips
46	1	1	Non-food contact surfaces clean
<b>Physical Facilities</b>			
47	3	Hot & cold water available, adequate pressure	
48	1	Physical facilities clean	
49	1	Cleaning equipment properly stored	
50	1	Toilet facilities constructed, supplied & cleaned, self-closing doors	
51	1	Refuse properly disposed; facilities maintained	
52	1	Physical facilities properly installed & maintained	
53	1	Adequate ventilation & lighting; designated areas used	

Received by (Signature) <b>Barley Reynolds</b>	Received by (printed)	Title
Inspector (Signature) <b>Mark King</b>	Follow-up required? <b>YES (NO) (circle one)</b>	Follow-up date:

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## Retail Food Sanitary Inspection Report - Page 2

Establishment <b>Orpheum Theatre</b>		Permit# <b>28414</b>		Date <b>12/19/14</b>	
TEMPERATURE OBSERVATIONS				SANITIZER OBSERVATIONS	
Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
	°F		°F		ppm / °F
	°F		°F		ppm / °F
	°F		°F		ppm / °F
	°F		°F		ppm / °F
	°F		°F		ppm / °F

MANAGER CERTIFICATION REQUIREMENT					
Manager Name	Illinois Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?
<b>N/A</b>			YES	NO	YES NO
			YES	NO	YES NO
			YES	NO	YES NO
			YES	NO	YES NO
			YES	NO	YES NO
			YES	NO	YES NO

ITEM OBSERVATIONS AND CORRECTIVE ACTIONS		
Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)
<b>45</b>	<b>No sanitizers test strips provided</b>	<b>NRI</b>

Received by (Signature) <b>Bailey Reynolds</b>	Inspector (Signature)
--	-----------------------