

Montgomery County Health Department

11191 Illinois Route 100
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

Retail Food Sanitary Inspection Report

Establishment Panhandle Pro-k	Permit# 26440	Date 4/2/14	Grade A	Score (100 - demerits) 100
Address 507 N. Prairie	Establishment Code 05	Risk High	Time in 8:00am	
City Raymond State IL Zip 62560	Phone Number (217) 229-4318		Time out 8:40am	
Owner/Agent Jan Jones	Compliant with the Smoke-Free Illinois Act? (YES) NO (circle one)			

Purpose of inspection (circle one): **(Routine)** Follow-up Pre-opening Smoking Complaint Educational Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		C		R		Compliance Status		C		R	
Demonstration of Knowledge 5 points						Potentially Hazardous Food Time/Temperature 9 points					
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with Certified Manager Requirement				16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO	Proper cooking time & temperature			
Employee Health 5 points						Consumer Advisory 3 points					
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Employee health policy and procedures				17	<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			
Good Hygienic Practices 6 points						Highly Susceptible Populations 5 points					
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO	Proper glove use				18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO	Proper cooling time & temperature			
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO	Proper eating, tasting, drinking, tobacco use				19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO	Proper hot holding temperature			
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO	Personal hygiene and cleanliness				20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperature			
Preventing Contamination by Hands 8 points						Chemical 5 points					
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO	Hands clean, handwashing procedures				21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO	Proper date marking & disposition of PHF			
7	<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				22	<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			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible				Approved Procedures 3 points					
Approved Source 5 points						23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source				Chemical 5 points					
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO	Food received at proper temperature				24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper foods used for susceptible populations			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe, unadulterated				Chemical 5 points					
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Required records available; shellstock tags				25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO	Sanitizing solutions in excess of allowable limits			
Protection from Contamination 6 points						26	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic items properly identified, stored & used			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food separated & protected				Approved Procedures 3 points					
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food contact surfaces clean & sanitized				27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with variance, HACCP, policy			
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT	No re-use of foods or single service previously served				Approved Procedures 3 points					

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	Pts	C	R
Safe Water & Sewage Disposal			Proper Use of Utensils		
28	3	Water & ice from approved source	40	1	In-use utensils; properly stored
29	3	Plumbing installed; backflow protection	41	1	Utensils, equipment & linens; properly stored, washed & handled
30	3	Sewage & wastewater disposal	42	1	Single-service articles: storage & dispensing
Food Equipment			43	2	Food (ice) contact surfaces: constructed, installed, maintained
31	1	Facilities to maintain product temperature	44	1	Non-food contact surfaces: constructed, installed, maintained
32	2	Approved thawing methods	45	1	Warewashing facilities: installed, maintained & used; test strips
33	1	Thermometers/gauges provided, used & accurate	46	1	Non-food contact surfaces clean
Food Identification			Physical Facilities		
34	1	Food properly labeled; original container	47	3	Hot & cold water available, adequate pressure
Prevention from Contamination			48	1	Physical facilities clean
35	3	Insects/rodents/animals present; unauthorized persons; openings	49	1	Cleaning equipment properly stored
36	2	Food protection during food preparation, storage & display	50	1	Toilet facilities constructed, supplied & cleaned, self-closing doors
37	2	Personal cleanliness (presentation)	51	1	Refuse properly disposed; facilities maintained
38	1	Wiping cloths: properly used & stored	52	1	Physical facilities properly installed & maintained
39	1	Fruits & vegetables properly washed before use	53	1	Adequate ventilation & lighting; designated areas used

Received by (Signature) <i>[Signature]</i>	Received by (printed) _____	Title _____
Inspector (Signature) <i>[Signature]</i>	Follow-up required? YES (NO) (circle one)	Follow-up date: _____

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Establishment <i>Panhandle Pre-K</i>	Permit# <i>26440</i>	Date <i>4/2/14</i>
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TEMPERATURE OBSERVATIONS				SANITIZER OBSERVATIONS	
Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
<i>Ranch dip</i>	<i>35</i> °F		°F	<i>Chlorine</i>	<i>150</i> ppm / °F
<i>milk</i>	<i>35</i> °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?
<i>Amy Pickrill</i>	<i>01431014</i>	<i>6-23-18</i>	<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
			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 <small>(NRI = Next Routine Inspection)</small>

Received by (Signature) 	Inspector (Signature)
Updated 3/2013	