

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Pizza Hut	Permit # 13984	Date 5/21/19	# of Risk Factors 0
Address 1001 W. Columbian Blvd	Time in 11:00 am	Risk 1	# of Repeat Risk Factors 0
City Litchfield State IL Zip 62706	Time out 11:45 am	Permit Holder Shelley Oller	
Purpose of Inspection (circle one) <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Pre-opening <input type="radio"/> Complaint <input type="radio"/> Educational <input type="radio"/> 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	Description
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, tasting, 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

Compliance Status	C	R	Description
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

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

C=corrected on-site during inspection R=repeat violation

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

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

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

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Establishment <u>Pizza Hut</u>	Permit# <u>13984</u>	Date <u>5/31/19</u>
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WATER AND WASTEWATER OBSERVATIONS

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

SANITIZER OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
<u>pizza</u>	<u>166</u> °F	<u>cottage cheese</u>	<u>38</u> °F	<u>Quat</u>	<u>200</u> ppm / °F
<u>pasta</u>	<u>155</u> °F	<u>boiled egg</u>	<u>38</u> °F	<u>Chlorine</u>	<u>100</u> ppm / °F
<u>marinara</u>	<u>136</u> °F	<u>ham</u>	<u>34</u> °F		ppm / °F
<u>wings</u>	<u>37</u> °F	<u>cut tomatoes</u>	<u>37</u> °F		ppm / °F
	°F		°F		ppm / °F

CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?	
<u>Shelley Oller</u>	<u>21395443</u>	<u>10-11-22</u>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

HACCP TOPIC:

ITEM OBSERVATIONS AND CORRECTIVE ACTIONS

Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)
<u>38</u>	<u>(1) live roach on wall area next to dishwasher</u> <u>Provided documentation that Orkin treated facility on 5/7/19. Due to be back within a week but will schedule an appointment for as soon as possible</u>	<u>NRI</u>

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