

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Pizza Man	Permit # 13946	Date 7/9/19	# of Risk Factors 0
Address 301 Union St.	Time in 10:55	Risk 1	# of Repeat Risk Factors 0
City Litchfield State IL Zip 62056	Time out 11:48	Permit Holder Jeff Chandler	

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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Establishment <u>Pizza Man</u>	Permit# <u>13946</u>	Date <u>7/9/18</u>
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WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) Private <u>Public</u>	Wastewater Supply (circle one) Private <u>Public</u>
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TEMPERATURE OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
<u>Pizza</u>	<u>155 °F</u>	<u>Bacon</u>	<u>39 °F</u>	<u>Chlorine</u>	<u>100 ppm °F</u>
<u>Hotdog Pizza Sauce</u>	<u>40 °F</u>	<u>Cheese sauce</u>	<u>136 °F</u>	<u>Quat</u>	<u>200 ppm °F</u>
<u>Chicken</u>	<u>38 °F</u>	<u>spaghetti</u>	<u>147 °F</u>		ppm / °F
<u>sausage</u>	<u>37 °F</u>	<u>chicken tenders</u>	<u>144 °F</u>		ppm / °F
<u>Onion rings</u>	<u>6 °F</u>	<u>Lasagna</u>	<u>147 °F</u>		ppm / °F

SANITIZER OBSERVATIONS

CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?	Original Copy Posted in Facility?
<u>Jeff Chandler</u>	<u>13418523</u>	<u>3/21</u>	<u>YES</u> NO	<u>YES</u> NO
<u>Scott Chandler</u>	<u>13266029</u>	<u>3/21</u>	<u>YES</u> NO	<u>YES</u> 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) <u>JH Chandler</u>	Received by (printed)	Title
Inspector (Signature) <u>Mark King</u>	Follow-up required? YES <u>NO</u> (circle one)	Follow-up date: