

Food Establishment Inspection Report

Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations	2	Date	06/05/2019
Establishment The Ditch Bar & Grill		License/Permit #	0	Time In	11:00 AM
Street Address 106 W. Bestor Street		Permit Holder	II	Time Out	1:15 PM
City/State Secor, IL		ZIP Code	Risk Category		
			Purpose of Inspection		
			Routine Inspection		

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**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R	Compliance Status		COS	R
Supervision							
1	In			15	In		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	In			16	Out	X	
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
Employee Health							
3	In			17	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In			Time/Temperature Control for Safety			
Proper use of restriction and exclusion				18	In		
Procedures for responding to vomiting and diarrheal events				19	N/A		
5	Out		X	20	N/A		
Procedures for responding to vomiting and diarrheal events				21	In		
Good Hygienic Practices							
6	In			22	In		
Proper eating, tasting, drinking, or tobacco use				23	In		
7	In			24	N/A		
No discharge from eyes, nose, and mouth				Time as a Public Health Control; procedures & records			
Preventing Contamination by Hands							
8	In			Consumer Advisory			
Hands clean and properly washed				25	In		
9	In			Consumer advisory provided for raw/undercooked food			
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Highly Susceptible Populations			
10	In			26	In		
Adequate handwashing sinks properly supplied and accessible				Pasteurized foods used; prohibited foods not offered			
Approved Source							
11	In			Food/Color Additives and Toxic Substances			
Food obtained from approved source				27	N/A		
12	N/O			Food additives: approved and properly used			
Food received at proper temperature				28	In		
13	In			Toxic substances properly identified, stored, and used			
Food in good condition, safe, and unadulterated				Conformance with Approved Procedures			
14	N/A			29	N/A		
Required records available: shellstock tags, parasite destruction				Compliance with variance/specialized process/HACCP			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water							
30				Proper Use of Utensils			
Pasteurized eggs used where required				43			
31				In-use utensils; properly stored			
Water and ice from approved source				44			
32				Utensils, equipment & linens; properly stored, dried, & handled			
Variance obtained for specialized processing methods				45	X		X
Food Temperature Control							
33				Single-use/single-service articles; properly stored and used			
Proper cooling methods used; adequate equipment for temperature control				46			
34				Gloves used properly			
Plant food properly cooked for hot holding				Utensils, Equipment and Vending			
35				47	X		
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36				48			
Thermometers provided & accurate				Warewashing facilities; installed, maintained, & used; test strips			
Food Identification							
37	X		X	49	X		X
Food properly labeled; original container				Non-food contact surfaces clean			
Prevention of Food Contamination							
38				Physical Facilities			
Insects, rodents, and animals not present				50			
39				Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display				51			
40				Plumbing installed; proper backflow devices			
Personal cleanliness				52			
41				Sewage and waste water properly disposed			
Wiping cloths; properly used and stored				53			
42				Toilet facilities; properly constructed, supplied, & cleaned			
Washing fruits and vegetables				54			
				Garbage & refuse properly disposed; facilities maintained			
				55	X		
				Physical facilities installed, maintained, and clean			
				56			
				Adequate ventilation and lighting; designated areas used			
Employee Training							
57				All food employees have food handler training			
58				Allergen training as required			

Food Establishment Inspection Report

Establishment: The Ditch Bar & Grill

Establishment #: 19 110

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: <50/50

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Fried chicken/fryer	198	Cut lettuce/cold-holding	41		
Cheese (cooking)/crock pot	80	Sliced tomatoes/cold-holding	41		
Hamburger/griddle	177	Sliced cheese/cold-holding	41		
		Ham/WIC	38		
		Cut lettuce/WIC	39		
		Sliced cheese/WIC	38		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
5	2-501.11 (Pf) Observed food establishment does not have written procedures for employees to follow when responding to discharging of vomitus or fecal matter. Written procedures for responding to vomitus or fecal events provided during inspection.
16	4-501.114 (P) Observed with test kit concentration of chlorine sanitizing rinse at 3-compartment sink at bar measured less than 50 ppm of chlorine and water temperature of 94° F. Using test kit provided at establishment, concentration of chlorine sanitizing rinse also indicated less than 50 ppm. A chlorine sanitizing solution shall have a minimum concentration based on the temperature and pH of the solution. Chlorine: 50-99 ppm when the temperature is at least 75° F and the pH is 8 or less. Additional chlorine solution added to 3-compartment sink by male person-in-charge during inspection. Recheck = 50 ppm - OK.
37	3-302.12 (C) Observed in office/storage area glass container of dry food substance without name identifying contents on container. Food substance was ranch seasoning and labeled by male food employee during inspection.
45	4-903.11 (C) Observed in office/storage area aluminum foil containers stored incorrectly in "up" position and not protected from contamination. Single-service articles shall be stored in the original protective package or stored by using other means that afford protection from contamination until used. Aluminum foil containers placed into clear plastic bags by male person-in-charge during inspection.
47	4-205.10 (C) Observed at bar in RIC ice for drinks stored in unapproved plastic bucket originally containing another food item and original label missing from bucket. Food equipment and utensils must meet NSF/ANSI sanitation standards. Please correct this violation within 90 days or at least by next routine inspection.

CFPM Verification (name, expiration date, ID#): Matthew King

Matthew King 21370989 - NRFSP Exp. 7/2022	Charles Payton 21557938 - NRFSP Exp. 3/2024	Trevor Olson 21557940 - NRFSP Exp. 3/2024	Amy Cunningham 21557949 - NRFSP Exp. 3/2024
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HACCP Topic: TCS food temperature requirements, proper sanitization concentration requirements, employee health policy, Hepatitis A

Matthew R. King
 Person in Charge (Signature)

Jun 5, 2019
 Date

Paul Walker, wa (FL)
 Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____

