

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	0	Date	08/30/2019
		No. of Repeat Risk Factor/Intervention Violations		0	Time In
Establishment Christian Union Church	License/Permit # 19 003	Permit Holder Christian Union Church		Risk Category II	
Street Address 925 W. Walnut Street		Purpose of Inspection Routine Inspection			
City/State Metamora, IL	ZIP Code 61548				

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				Protection from Contamination							
2	In			16	In						
Certified Food Protection Manager (CFPM)				Food separated and protected							
Employee Health											
3	In			17	In						
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Food-contact surfaces; cleaned and sanitized							
4	In			Proper disposition of returned, previously served, reconditioned and unsafe food							
Proper use of restriction and exclusion				Time/Temperature Control for Safety							
5	In			18	N/O						
Procedures for responding to vomiting and diarrheal events				Proper cooking time and temperatures							
Good Hygienic Practices											
6	In			19	N/O						
Proper eating, tasting, drinking, or tobacco use				Proper reheating procedures for hot holding							
7	In			20	N/O						
No discharge from eyes, nose, and mouth				Proper cooling time and temperature							
Preventing Contamination by Hands											
8	In			21	N/O						
Hands clean and properly washed				Proper hot holding temperatures							
9	In			22	N/O						
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Proper cold holding temperatures							
10	In			23	N/O						
Adequate handwashing sinks properly supplied and accessible				Proper date marking and disposition							
Approved Source											
11	In			24	N/A						
Food obtained from approved source				Time as a Public Health Control; procedures & records							
12	N/O			Consumer Advisory							
Food received at proper temperature				25	N/A						
13	In			Consumer advisory provided for raw/undercooked food							
Food in good condition, safe, and unadulterated				Highly Susceptible Populations							
14	N/A			26	N/A						
Required records available: shellstock tags, parasite destruction				Pasteurized foods used; prohibited foods not offered							
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											
		COS	R			COS	R				
Safe Food and Water											
30				Proper Use of Utensils							
Pasteurized eggs used where required				43	In-use utensils: properly stored						
31				Utensils, equipment & linens: properly stored, dried, & handled							
Water and ice from approved source				45	Single-use/single-service articles: properly stored and used						
32				Gloves used properly							
Variance obtained for specialized processing methods				Utensils, Equipment and Vending							
Food Temperature Control											
33				47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
Proper cooling methods used; adequate equipment for temperature control				Warewashing facilities: installed, maintained, & used; test strips							
34				49	Non-food contact surfaces clean						
Plant food properly cooked for hot holding				Physical Facilities							
35				50	Hot and cold water available; adequate pressure						
Approved thawing methods used				Plumbing installed; proper backflow devices							
36				51	Sewage and waste water properly disposed						
Thermometers provided & accurate				Toilet facilities: properly constructed, supplied, & cleaned							
Food Identification											
37				52	Garbage & refuse properly disposed; facilities maintained						
Food properly labeled; original container				Physical facilities installed, maintained, and clean							
Prevention of Food Contamination											
38				55	Adequate ventilation and lighting; designated areas used						
Insects, rodents, and animals not present				Employee Training							
39				57	All food employees have food handler training						
Contamination prevented during food preparation, storage and display				Allergen training as required							
40				58							
Personal cleanliness											
41											
Wiping cloths: properly used and stored											
42											
Washing fruits and vegetables											

Food Establishment Inspection Report

Establishment: Christian Union Church Establishment #: 19 003

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Quaternary ammonium PPM: 200 Heat: 180

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
						RIC/kitchen	38
						RIF/kitchen	0

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Observations and Corrective Actions
	Violations cited in this report must be corrected within the time frames below.
	No violations observed at time of inspection

CFPM Verification (name, expiration date, ID#): John Armstrong

<u>John Armstrong</u> 21475213 - NRFSP Exp. 6/2023	<u>Mary Armstrong</u> 21474212 - NRFSP Exp. 6/2023	<u>Mike Minger</u> 01654015 - IL FSSMC Exp. 10/2019	
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HACCP Topic: TCS food temperature requirements, employee health policy requirements, Hepatitis A

John Armstrong Aug 30, 2019
 Person in Charge (Signature) Date

Paul Wilkins (EL) Follow-up: Yes No (Check one) Follow-up Date: _____
 Inspector (Signature)

Food Establishment Inspection Report

Establishment: Christian Union Church

Establishment #: 19 003

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	Please correct any core (C) violations noted above ASAP but at least by next routine inspection
	Please go to our website to view/print the WCHD Connection quarterly newsletter
	Facility is still classified as a Category II food establishment
	The person-in-charge must have CFPM or IL FSSMC certification and be on the premises during all hours of operation
	Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (grill, barbeque, steak-fry, cook-out, group fundraiser, etc.), a temporary food permit must be applied for & approved by WCHD.
	Next certified food protection manager 8-hour class & exam offered @ WCHD: October 2019
	Effective January 1, 2017, Food Handler certification is required for all food employees who do not already have CFPM or IL FSSMC certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required 30 days from the hire date of food employees.
	Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances & exits.
	no vaping or e-cigarette use in food & drink prep area, dishwashing area, and storage area; no smoking within building structure.

John C. Armstrong
 Person in Charge (Signature)

Paul Wilbur
 Inspector (Signature)

Aug 30, 2019
 Date

Follow-up: Yes No (Check one)

Follow-up Date: _____