

Food Establishment Inspection Report

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|--|--|--|----------------------|
| Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530 | | No. of Risk Factor/Intervention Violations 1 Date 02/16/2023 | |
| Establishment CVS #6458 | | No. of Repeat Risk Factor/Intervention Violations 0 Time In 10:40 AM | |
| License/Permit # 23 155 | | Time Out 11:25 AM | |
| Street Address 501 W. Center Street | | Permit Holder Highland Park CVS LLC | Risk Category III |
| City/State Eureka, IL | | 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 | Person in charge present, demonstrates knowledge, and performs duties | | | 15 | N/A | Food separated and protected | |
| 2 | N/A | Certified Food Protection Manager (CFPM) | | | 16 | N/A | Food-contact surfaces; cleaned and sanitized | |
| Employee Health | | | | | | | | |
| 3 | In | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | 17 | In | Proper disposition of returned, previously served, reconditioned and unsafe food | |
| 4 | In | Proper use of restriction and exclusion | | | Time/Temperature Control for Safety | | | |
| 5 | In | Procedures for responding to vomiting and diarrheal events | | | 18 | N/A | Proper cooking time and temperatures | |
| Good Hygienic Practices | | | | | | | | |
| 6 | In | Proper eating, tasting, drinking, or tobacco use | | | 19 | N/A | Proper reheating procedures for hot holding | |
| 7 | In | No discharge from eyes, nose, and mouth | | | 20 | N/A | Proper cooling time and temperature | |
| Preventing Contamination by Hands | | | | | | | | |
| 8 | In | Hands clean and properly washed | | | 21 | N/A | Proper hot holding temperatures | |
| 9 | N/A | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | 22 | In | Proper cold holding temperatures | |
| 10 | In | Adequate handwashing sinks properly supplied and accessible | | | 23 | In | Proper date marking and disposition | |
| Approved Source | | | | | | | | |
| 11 | In | Food obtained from approved source | | | 24 | N/A | Time as a Public Health Control; procedures & records | |
| 12 | N/O | Food received at proper temperature | | | Consumer Advisory | | | |
| 13 | Out | Food in good condition, safe, and unadulterated | X | | 25 | N/A | Consumer advisory provided for raw/undercooked food | |
| 14 | N/A | Required records available: shellstock tags, parasite destruction | | | Highly Susceptible Populations | | | |
| 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 | Pasteurized eggs used where required | | | | | Proper Use of Utensils | | |
| 31 | Water and ice from approved source | | | | | 43 | In-use utensils: properly stored | |
| 32 | Variance obtained for specialized processing methods | | | | | 44 | Utensils, equipment & linens: properly stored, dried, & handled | |
| Food Temperature Control | | | | | | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | | | 45 | Single-use/single-service articles: properly stored and used | |
| 34 | Plant food properly cooked for hot holding | | | | | 46 | Gloves used properly | |
| 35 | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| 36 | Thermometers provided & accurate | | | | | 47 | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | |
| Food Identification | | | | | | | | |
| 37 | Food properly labeled; original container | | | | | 48 | Warewashing facilities: installed, maintained, & used; test strips | |
| Prevention of Food Contamination | | | | | | | | |
| 38 | Insects, rodents, and animals not present | | | | | 49 | Non-food contact surfaces clean | |
| 39 | Contamination prevented during food preparation, storage and display | | | | | Physical Facilities | | |
| 40 | Personal cleanliness | | | | | 50 | Hot and cold water available; adequate pressure | |
| 41 | Wiping cloths: properly used and stored | | | | | 51 | Plumbing installed; proper backflow devices | |
| 42 | Washing fruits and vegetables | | | | | 52 | Sewage and waste water properly disposed | |
| Employee Training | | | | | | | | |
| 57 | All food employees have food handler training | | | | | 53 | Toilet facilities: properly constructed, supplied, & cleaned | |
| 58 | Allergen training as required | | | | | 54 | Garbage & refuse properly disposed; facilities maintained | |
| Physical Facilities | | | | | | | | |
| 55 | Physical facilities installed, maintained, and clean | | | | | 56 | Adequate ventilation and lighting; designated areas used | |
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Establishment: CVS #6458

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Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 100

Heat: N/A

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

CFPM Verification (name, expiration date, ID#): Tim Railey

HACCP Topic: TCS food temperature storage requirements, proper chemical storage, employee health policy requirements

Person in Charge (Signature)

Feb 16, 2023

Date

Paul

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Follow-up: Yes No (Check one)

Follow-up Date:

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Person in Charge (Signature)

Feb 16, 2023

Date

Person in charge (signature)

Follow-up: Yes No (Check one)

Follow-up Date:

Inspector (Signature)