

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 0 | Date 03/01/2023 |
| Establishment Metamora Grade School cafeteria | | License/Permit # 23 005 | No. of Repeat Risk Factor/Intervention Violations 0 |
| Street Address 815 E. Chatham Street | | Permit Holder Metamora CCSD #1 | Risk Category 1 |
| City/State Metamora, IL | | ZIP Code 61548 | Purpose of Inspection Routine Inspection |
| Time In 10:45 AM | | Time Out 12:00 PM | |

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 | | | | | Protection from Contamination | | | | |
| 1 | In | Person in charge present, demonstrates knowledge, and performs duties | | | 15 | In | Food separated and protected | | |
| 2 | In | Certified Food Protection Manager (CFPM) | | | 16 | In | Food-contact surfaces; cleaned and sanitized | | |
| Employee Health | | | | | Time/Temperature Control for Safety | | | | |
| 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 | | | 18 | In | Proper cooking time and temperatures | | |
| 5 | In | Procedures for responding to vomiting and diarrheal events | | | 19 | N/O | Proper reheating procedures for hot holding | | |
| Good Hygienic Practices | | | | | 20 | N/O | Proper cooling time and temperature | | |
| 6 | In | Proper eating, tasting, drinking, or tobacco use | | | 21 | In | Proper hot holding temperatures | | |
| 7 | In | No discharge from eyes, nose, and mouth | | | 22 | In | Proper cold holding temperatures | | |
| Preventing Contamination by Hands | | | | | 23 | In | Proper date marking and disposition | | |
| 8 | In | Hands clean and properly washed | | | 24 | N/A | Time as a Public Health Control; procedures & records | | |
| 9 | In | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | Consumer Advisory | | | | |
| 10 | In | Adequate handwashing sinks properly supplied and accessible | | | 25 | N/A | Consumer advisory provided for raw/undercooked food | | |
| Approved Source | | | | | Highly Susceptible Populations | | | | |
| 11 | In | Food obtained from approved source | | | 26 | N/A | Pasteurized foods used; prohibited foods not offered | | |
| 12 | N/O | Food received at proper temperature | | | Food/Color Additives and Toxic Substances | | | | |
| 13 | In | Food in good condition, safe, and unadulterated | | | 27 | N/A | Food additives: approved and properly used | | |
| 14 | N/A | Required records available: shellstock tags, parasite destruction | | | 28 | In | Toxic substances properly identified, stored, and used | | |
| GOOD RETAIL PRACTICES | | | | | Conformance with Approved Procedures | | | | |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | 29 | N/A | Compliance with variance/specialized process/HACCP | | |
| 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 | | | | | Proper Use of Utensils | | | | |
| 30 | | Pasteurized eggs used where required | | | 43 | | In-use utensils: properly stored | | |
| 31 | | Water and Ice from approved source | | | 44 | | Utensils, equipment & linens: properly stored, dried, & handled | | |
| 32 | | Variance obtained for specialized processing methods | | | 45 | | Single-use/single-service articles: properly stored and used | | |
| Food Temperature Control | | | | | 46 | | Gloves used properly | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | | Utensils, Equipment and Vending | | | | |
| 34 | | Plant food properly cooked for hot holding | | | 47 | | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | |
| 35 | | Approved thawing methods used | | | 48 | | Warewashing facilities: installed, maintained, & used; test strips | | |
| 36 | | Thermometers provided & accurate | | | 49 | | Non-food contact surfaces clean | | |
| Food Identification | | | | | Physical Facilities | | | | |
| 37 | | Food properly labeled; original container | | | 50 | | Hot and cold water available; adequate pressure | | |
| Prevention of Food Contamination | | | | | 51 | | Plumbing installed; proper backflow devices | | |
| 38 | | Insects, rodents, and animals not present | | | 52 | | Sewage and waste water properly disposed | | |
| 39 | | Contamination prevented during food preparation, storage and display | | | 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | |
| 40 | | Personal cleanliness | | | 54 | | Garbage & refuse properly disposed; facilities maintained | | |
| 41 | | Wiping cloths: properly used and stored | | | 55 | X | Physical facilities installed, maintained, and clean | | |
| 42 | | Washing fruits and vegetables | | | 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

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Establishment: Metamora Grade School cafeteria

Establishment #: 23 005

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine

PPM: 50/100

Heat: 191

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|----------------------------|------|-----------------------------|------|------------------------------------|------|
| Hot dogs/main serving line | 167 | Cut lettuce salad/RIC | 41 | Sliced cheese/WIC | 39 |
| Corn/main serving line | 190 | Cole slaw/RIC | 41 | Lactose free milk/WIC | 39 |
| Hot dogs/gym serving line | 186 | Lactose free milk/RIC | 40 | Milk/milk cooler main serving line | 40 |
| Corn/gym serving line | 195 | Milk/WIC | 41 | Milk/milk cooler gym serving line | 38 |
| | | Milk 1/2 pint/WIC | 36 | | |
| | | Shredded cheese/WIC | 38 | | |
| | | Diced chicken/WIC | 40 | | |
| | | Peeled hard-boiled eggs/WIC | 40 | | |
| | | Cole slaw/WIC | 39 | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|--|
| 55 | 6-201.11 (C) Observed in kitchen under prep sink across from stove two (2) round holes in tile floor. Floors and floor coverings shall be designed, constructed, and installed so they are smooth and easily cleanable. Please correct this violation within 90 days or at least by next routine inspection. |
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CFPM Verification (name, expiration date, ID#): Karla Kiesewetter

| | | | |
|--|--|--|--|
| Karla Kiesewetter 21678285 - NRFSP Exp. 3/2025 | Valerie Tipton 20113820 - ServSafe Exp. 1/2026 | Nicole Salem 20281809 - ServSafe Exp. 2/2026 | Brandy Mallow 21678283 - NRFSP Exp. 3/2025 |
|--|--|--|--|

HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, serving line/food protection

Karla Kiesewetter
Person in Charge (Signature)

Mar 1, 2023
Date

Paul Wilbur wend
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: _____

Food Establishment Inspection Report

Establishment: Metamora Grade School cafeteria

Establishment #: 23 005

[illegible]

Karla Kresewetten
Person in Charge (Signature)

Mar 1, 2023
Date

Inspector (Signature) Paul Walker WARD

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: