

# 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 2	Date 04/06/2023
Establishment Beck's Hybrids - El Paso cafeteria		No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:30 AM
License/Permit # 23 061		Permit Holder Beck's Hybrids Corporation	Time Out 11:50 AM
Street Address 90 N. Fayette Street		Risk Category I	
City/State El Paso, 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
<b>Supervision</b>				<b>Protection from Contamination</b>		
1	In	Person in charge present, demonstrates knowledge, and performs duties		15	In	Food separated and protected
2	Out	Certified Food Protection Manager (CFPM)		16	Out	Food-contact surfaces; cleaned and sanitized
<b>Employee Health</b>				17	In	Proper disposition of returned, previously served, reconditioned and unsafe food
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		<b>Time/Temperature Control for Safety</b>		
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
<b>Good Hygienic Practices</b>				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
<b>Preventing Contamination by Hands</b>				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		<b>Consumer Advisory</b>		
10	In	Adequate handwashing sinks properly supplied and accessible		25	N/A	Consumer advisory provided for raw/undercooked food
<b>Approved Source</b>				<b>Highly Susceptible Populations</b>		
11	In	Food obtained from approved source		26	N/A	Pasteurized foods used; prohibited foods not offered
12	In	Food received at proper temperature		<b>Food/Color Additives and Toxic Substances</b>		
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

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

Safe Food and Water		COS	R	Proper Use of Utensils	COS	R
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	
<b>Food Temperature Control</b>				46	Gloves used properly	
33	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>		
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	
<b>Food Identification</b>				<b>Physical Facilities</b>		
37	Food properly labeled; original container			50	Hot and cold water available; adequate pressure	
<b>Prevention of Food Contamination</b>				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	Physical facilities installed, maintained, and clean	
42	Washing fruits and vegetables			56	Adequate ventilation and lighting; designated areas used	
<b>Employee Training</b>				<b>Employee Training</b>		
57	All food employees have food handler training			58	Allergen training as required	

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Establishment: Beck's Hybrids - El Paso cafeteria

Establishment #: 23 061

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: 184

## TEMPERATURE OBSERVATIONS

ITEM/LOCATION		ITEM/LOCATION		ITEM/LOCATION	
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Lasagna/oven	185	Cottage cheese/salad bar Romaine lettuce/salad bar Diced eggs/salad bar Diced ham/salad bar Shredded cheese/salad bar Sliced tomatoes/salad bar Diced ham/WIC Diced turkey/WIC Diced chicken/WIC	37	Precooked chicken/WIC	37
Lasagna/oven	180		39	Gravy/WIC	37
Lasagna/oven	174		38	Popcorn chicken/WIC	38
			37	Milk/WIC	38
			37	Sliced cheese/delivery	40

## OBSERVATIONS AND CORRECTIVE ACTIONS

CFPM Verification (name, expiration date, ID#): Kimberly Stevens

## HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food

Person in Charge (Signature)

Apr 6, 2023

Date

Follow-up:  Yes  No (Check one)

**Follow-up Date:**

Inspector (Signature)

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