

# 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 04/14/2023
Establishment Carle Eureka Hospital kitchen		License/Permit # 23 014	No. of Repeat Risk Factor/Intervention Violations 0
Street Address 101 S. Major Street		Permit Holder Carle Eureka Hospital	Risk Category 1
City/State Eureka, IL		ZIP Code 61530	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
<b>Supervision</b>			
1	In	Person in charge present, demonstrates knowledge, and performs duties	
2	In	Certified Food Protection Manager (CFPM)	
<b>Employee Health</b>			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4	In	Proper use of restriction and exclusion	
5	In	Procedures for responding to vomiting and diarrheal events	
<b>Good Hygienic Practices</b>			
6	In	Proper eating, tasting, drinking, or tobacco use	
7	In	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8	In	Hands clean and properly washed	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10	In	Adequate handwashing sinks properly supplied and accessible	
<b>Approved Source</b>			
11	In	Food obtained from approved source	
12	N/O	Food received at proper temperature	
13	In	Food in good condition, safe, and unadulterated	
14	N/A	Required records available: shellstock tags, parasite destruction	
<b>Protection from Contamination</b>			
15	In	Food separated and protected	
16	Out	Food-contact surfaces; cleaned and sanitized	X
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
<b>Time/Temperature Control for Safety</b>			
18	In	Proper cooking time and temperatures	
19	N/O	Proper reheating procedures for hot holding	
20	N/O	Proper cooling time and temperature	
21	In	Proper hot holding temperatures	
22	In	Proper cold holding temperatures	
23	Out	Proper date marking and disposition	X
24	N/A	Time as a Public Health Control; procedures & records	
<b>Consumer Advisory</b>			
25	N/A	Consumer advisory provided for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26	In	Pasteurized foods used; prohibited foods not offered	
<b>Food/Color Additives and Toxic Substances</b>			
27	N/A	Food additives: approved and properly used	
28	In	Toxic substances properly identified, stored, and used	
<b>Conformance with Approved Procedures</b>			
29	N/A	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
<b>Safe Food and Water</b>			
30	Pasteurized eggs used where required		
31	Water and ice from approved source		
32	Variance obtained for specialized processing methods		
<b>Food Temperature Control</b>			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
<b>Food Identification</b>			
37	Food properly labeled; original container		
<b>Prevention of Food Contamination</b>			
38	Insects, rodents, and animals not present		
39	Contamination prevented during food preparation, storage and display		
40	Personal cleanliness		
41	Wiping cloths: properly used and stored		
42	Washing fruits and vegetables		
<b>Proper Use of Utensils</b>			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored and used		
46	Gloves used properly		
<b>Utensils, Equipment and Vending</b>			
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
<b>Physical Facilities</b>			
50	Hot and cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage and waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, and clean		
56	Adequate ventilation and lighting; designated areas used		
<b>Employee Training</b>			
57	All food employees have food handler training		
58	Allergen training as required		

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Establishment: Carle Eureka Hospital kitchen

Establishment #: 23 014

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
Mashed potatoes/prep	169	Cut lettuce/WIC	34		
Carrots/steamer	184	Sliced tomatoes/WIC	33		
Meatloaf/steamer	182	Egg substitute/WIC	37		
Grilled cheese sandwich/flat-top	142	Deli ham/WIC	35		
Turkey/steamer	184	Deli turkey/WIC	34		
Chicken noodle soup/steamer	184	Cut cantaloupe/WIC	33		
Vegetable soup/steamer	184	Cut pineapple/WIC	33		
Brown gravy/steamer	165	Cut honeydew melon/WIC	33		
Broccoli/steamer	178	Sliced cheese/WIC	35		

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
16	4-601.11 (Pf) Observed in storage room front edge of metal ice deflecting flap in ice machine (Manitowoc) soiled with accumulated debris and pink substance. Equipment food-contact surfaces and utensils shall be clean to sight and touch. Wash, rinse, and sanitize food-contact surfaces routinely. Ice deflecting flap cleaned and sanitized by person-in-charge during inspection.
23	3-501.18 (P) Observed in WIC open packages of deli ham and deli turkey with open dates of 4-4 and discard date noted as 5-3, which exceeds the 7-day rule for ready-to-eat TCS foods. A TCS food specified in ¶ 3-501.17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ¶ 3-501.17(A), except time that the product is frozen; (2) Is in a container or package that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in ¶ 3-501.17(A). TCS food shall be clearly marked to indicate the date or day by which the food must be consumed, sold, or discarded when held at a temperature of 41° F or less for a maximum of 7 days. The day the original container is opened in the food establishment shall be counted as Day 1. Reviewed HACCP concept with the person-in-charge during inspection. TCS food items noted above removed from WIC and discarded by person-in-charge during inspection.

CFPM Verification (name, expiration date, ID#): Noel Jefferson

Colleen Noel Jefferson  
22691381 - ServSafe  
Exp. 9/2027

Amanda Cox  
20207215 - ServSafe  
Exp. 2/2026

Michelle Martel  
16716222 - ServSafe  
Exp. 7/2023

Ariel Nieves  
17918261 - ServSafe  
Exp. 5/2024

HACCP Topic: TCS food temperature & date marking requirements, no bare hand contact with ready-to-eat food, employee health

Person in Charge (Signature)

Apr 14, 2023

Date

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: \_\_\_\_\_

# Food Establishment Inspection Report

Establishment: Carle Eureka Hospital kitchen

Establishment #: 23 014

[illegible]

Person in Charge (Signature)

Apr 14, 2023

Date \_\_\_\_\_

Inspector (Signature)

**Follow-up:** ☐ Yes ☒ No (Check one)

Follow-up Date: