

# 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 <b>1</b>	Date 07/12/2023
Establishment Sheets Creek Saloon		License/Permit # 23 048	Time In 10:00 AM
Street Address 100 Sheets Creek Way		Permit Holder Sheets Creek Saloon LLC	Time Out 11:30 AM
City/State Spring Bay, IL		Risk Category II	
ZIP Code 61611		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 <b>In</b>		Person in charge present, demonstrates knowledge, and performs duties
2 <b>In</b>		Certified Food Protection Manager (CFPM)
<b>Employee Health</b>		
3 <b>In</b>		Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 <b>In</b>		Proper use of restriction and exclusion
5 <b>In</b>		Procedures for responding to vomiting and diarrheal events
<b>Good Hygienic Practices</b>		
6 <b>In</b>		Proper eating, tasting, drinking, or tobacco use
7 <b>In</b>		No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>		
8 <b>In</b>		Hands clean and properly washed
9 <b>In</b>		No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed
10 <b>In</b>		Adequate handwashing sinks properly supplied and accessible
<b>Approved Source</b>		
11 <b>In</b>		Food obtained from approved source
12 <b>N/O</b>		Food received at proper temperature
13 <b>In</b>		Food in good condition, safe, and unadulterated
14 <b>N/A</b>		Required records available: shellstock tags, parasite destruction

Compliance Status	COS	R
<b>Protection from Contamination</b>		
15 <b>In</b>		Food separated and protected
16 <b>Out</b>		Food-contact surfaces; cleaned and sanitized
17 <b>In</b>		Proper disposition of returned, previously served, reconditioned and unsafe food
<b>Time/Temperature Control for Safety</b>		
18 <b>N/O</b>		Proper cooking time and temperatures
19 <b>N/A</b>		Proper reheating procedures for hot holding
20 <b>In</b>		Proper cooling time and temperature
21 <b>In</b>		Proper hot holding temperatures
22 <b>In</b>		Proper cold holding temperatures
23 <b>In</b>		Proper date marking and disposition
24 <b>N/A</b>		Time as a Public Health Control; procedures & records
<b>Consumer Advisory</b>		
25 <b>N/A</b>		Consumer advisory provided for raw/undercooked food
<b>Highly Susceptible Populations</b>		
26 <b>In</b>		Pasteurized foods used; prohibited foods not offered
<b>Food/Color Additives and Toxic Substances</b>		
27 <b>N/A</b>		Food additives: approved and properly used
28 <b>In</b>		Toxic substances properly identified, stored, and used
<b>Conformance with Approved Procedures</b>		
29 <b>N/A</b>		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 <b>X</b>		Pasteurized eggs used where required
31 <b>X</b>		Water and ice from approved source
32 <b>X</b>		Variance obtained for specialized processing methods
<b>Food Temperature Control</b>		
33 <b>X</b>		Proper cooling methods used; adequate equipment for temperature control
34 <b>X</b>		Plant food properly cooked for hot holding
35 <b>X</b>		Approved thawing methods used
36 <b>X</b>		Thermometers provided & accurate
<b>Food Identification</b>		
37 <b>X</b>		Food properly labeled; original container
<b>Prevention of Food Contamination</b>		
38 <b>X</b>		Insects, rodents, and animals not present
39 <b>X</b>		Contamination prevented during food preparation, storage and display
40 <b>X</b>		Personal cleanliness
41 <b>X</b>		Wiping cloths: properly used and stored
42 <b>X</b>		Washing fruits and vegetables

Compliance Status	COS	R
<b>Proper Use of Utensils</b>		
43 <b>X</b>		In-use utensils: properly stored
44 <b>X</b>		Utensils, equipment & linens: properly stored, dried, & handled
45 <b>X</b>		Single-use/single-service articles: properly stored and used
46 <b>X</b>		Gloves used properly
<b>Utensils, Equipment and Vending</b>		
47 <b>X</b>		Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48 <b>X</b>		Warewashing facilities: installed, maintained, & used; test strips
49 <b>X</b>		Non-food contact surfaces clean
<b>Physical Facilities</b>		
50 <b>X</b>		Hot and cold water available; adequate pressure
51 <b>X</b>		Plumbing installed; proper backflow devices
52 <b>X</b>		Sewage and waste water properly disposed
53 <b>X</b>		Toilet facilities: properly constructed, supplied, & cleaned
54 <b>X</b>		Garbage & refuse properly disposed; facilities maintained
55 <b>X</b>		Physical facilities installed, maintained, and clean
56 <b>X</b>		Adequate ventilation and lighting; designated areas used
<b>Employee Training</b>		
57 <b>X</b>		All food employees have food handler training
58 <b>X</b>		Allergen training as required

# Food Establishment Inspection Report

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Establishment: Sheets Creek Saloon

Establishment #: 23 048

Water Supply: ☐ Public ☒ Private Waste Water System: ☐ Public ☒ Private

Sanitizer Type: Chlorine/Quaternary ammonium

PPM: 50/200

Heat: N/A

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
French onion soup/hot-holding	185	Blue cheese crumbles/RIC prep	33	Spaghetti meat sauce/WIC	38
Beer cheese soup/hot-holding	175	Housemade ranch dressing/RIC	34	Housemade ranch dressing/RIC	39
Cheese sauce/hot-holding	168	Cole slaw/RIC prep	37	Corn fritter mix/prep	68
Nacho cheese/hot-holding	169	Shredded cheese/RIC prep	39		
Beer cheese/hot-holding	162	Pasta/RIC cook	40		
		Wild rice/RIC cook	33		
		Rice pilaf/RIC cook	34		
		Pasta/WIC	37		
		Au gratin potatoes/WIC	38		

## 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 ice machine (Scotsman) top front edge of gray plastic ice dispensing flap soiled with accumulated debris and black substance. Equipment food-contact surfaces and utensils shall be clean to sight and touch. Ice dispensing flap cleaned and sanitized by food employee during inspection.
43	3-304.12 (C) Observed in RIC small portion cup without handles stored in direct contact with shredded cheese. Store in-use utensils: 1) in the food with the handle above the top of the food item; 2) on a clean and sanitized surface. Portion cup removed and discarded by person-in-charge during inspection.
47	4-501.12 (C) Observed at bar small blue plastic cutting board with crevices and knife grooves in surface. Surfaces such as cutting blocks and boards that are subject to scratching and scoring shall be resurfaced if they can no longer be effectively cleaned and sanitized, or discarded if they are not capable of being resurfaced. Cutting board discarded by person-in-charge during inspection.

CFPM Verification (name, expiration date, ID#): Scott Sheets

Scott Sheets 1581365 - Always Food Safe Exp. 8/2027	William Montague 22734973 - ServSafe Exp. 10/2027	William Cochran 18582217 - ServSafe Exp. 11/2024	
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HACCP Topic: TCS food temperature/date marking requirements, no bare hand contact with ready-to-eat food, employee health

SHS  
Person in Charge (Signature)

Jul 12, 2023

Date

Paul Wilkins Ward  
Inspector (Signature)



Follow-up: ☐ Yes ☒ No (Check one)

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

# Food Establishment Inspection Report

Establishment: Sheets Creek Saloon

Establishment #: 23 048

[illegible]

Person in-Charge (Signature)

Jul 12, 2023

Date \_\_\_\_\_

Inspector (Signature) Paul Wilkins Waid

**Follow-up:** ☐ Yes ☒ No (Check one)

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