

# 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 08/02/2023
Establishment Riggert's Die Scheune	License/Permit # 23 001	No. of Repeat Risk Factor/Intervention Violations 0	Time In 10:25 AM
Street Address 1348 Riggert Road	City/State Metamora, IL	Permit Holder Tellmer Holdings Inc	Time Out 11:15 AM
ZIP Code 61548	Risk Category II		
		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			

Compliance Status		COS	R
<b>Protection from Contamination</b>			
15	In		
Food separated and protected			
16	In		
Food-contact surfaces; cleaned and sanitized			
17	In		
Proper disposition of returned, previously served, reconditioned and unsafe food			
<b>Time/Temperature Control for Safety</b>			
18	N/O		
Proper cooking time and temperatures			
19	N/O		
Proper reheating procedures for hot holding			
20	N/O		
Proper cooling time and temperature			
21	N/O		
Proper hot holding temperatures			
22	N/O		
Proper cold holding temperatures			
23	N/O		
Proper date marking and disposition			
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	N/A		
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

		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		

		COS	R
<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		

# Food Establishment Inspection Report

Establishment: Riggert's Die Scheune

Establishment #: 23 001

Water Supply: ☐ Public ☒ Private

Waste Water System: ☐ Public ☒ Private

Sanitizer Type: Chlorine

PPM: 100

Heat: N/A

## TEMPERATURE OBSERVATIONS

[illegible]

## OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#): Deborah Riggert Kieffer

Deborah Riggert Kieffer  
21849885 - ServSafe  
Exp. 7/2027

HACCP Topic: TCS food cooking temperatures, no bare hand contact with ready-to-eat food, employee health policy requirements

Suborah Riggs Kuffel  
Person in Charge (Signature)

Aug 2, 2023

Date \_\_\_\_\_

Paul Wilson  
Inspector (Signature)

**Follow-up:** ☐ Yes ☒ No (Check one)

Follow-up Date:

# Food Establishment Inspection Report

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Establishment #: 23 001

[illegible]

Person in Charge (Signature) Swarah K. Reggit Kijaji

Aug 2, 2023

Date \_\_\_\_\_

Paul Wilkin wend

Inspector (Signature)

**Follow-up:** ☐ Yes ☒ No (Check one)

**Follow-up Date:**