

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 09/27/2023
Establishment Sicily Pizza		License/Permit # 23 116	No. of Repeat Risk Factor/Intervention Violations 0
Street Address 101 N. Jefferson Street		Permit Holder Noreen Longo & Giuseppe Longo	Risk Category II
City/State Washburn, IL	ZIP Code 61570	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
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					17	In	Proper disposition of returned, previously served, reconditioned and unsafe food		
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting			Time/Temperature Control for Safety				
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/A	Proper reheating procedures for hot holding		
Good Hygienic Practices					20	N/A	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		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		

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Establishment: Sicily Pizza

Establishment #: 23 116

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine

PPM: 50/100

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Pizza/oven	204		Shredded cheese/RIC pizza prep	33			
Ham & cheese sandwich/oven	149		Sausage/RIC pizza prep	33			
Italian beef & cheese sandwich	145		Pepperoni/RIC pizza prep	33			
			Milk/RIC	38			
			Italian beef/RIC	39			
			Sliced tomatoes/RIC prep	39			
			Ham/RIC prep	39			

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#): Giuseppe Longo

Giuseppe Longo
21727431 - NRFSP
, Exp. 2/2026

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

Person in Charge (Signature)

Sep 27, 2023

Date _____

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date:

Inspector (Signature)

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OBSERVATIONS AND CORRECTIVE ACTIONS

Item
Number

Violations cited in this report must be corrected within the time frames below.

Please correct any core (C) violations noted above ASAP but at least by next routine inspection

Please go to our website to view/print the WCHD Connection quarterly newsletter and other food safety information

Facility is still classified as a Category II food establishment. If establishment chooses to cool down and/or reheat TCS food, facility will be re-classified as a Category I food establishment.

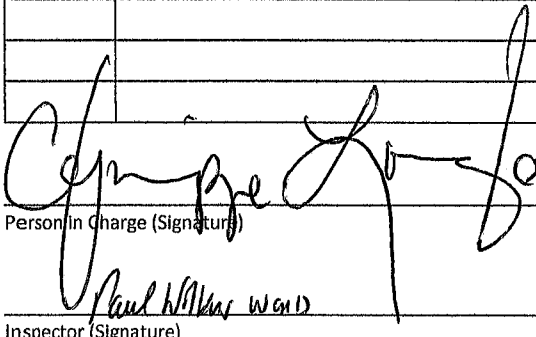
The person-in-charge shall have CFPM certification and be on the premises during all hours of operation. According to person-in-charge and work schedule, TCS food is only prepared/served when the person-in-charge is on the premises.

Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (concessions, grill, barbecue, steak-fry, cook-out, etc.), a temporary food/drink permit must be applied for & approved by WCHD.

WCHD provides free food safety in-services to establishments & their staff

Food handler certification is required for all food employees without CFPM certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required within 30 days from the hire date of food employees and valid for three (3) years from date of issuance.

Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances & exits; no vaping or e-cigarette use in food & drink prep area, dishwashing area, and storage area; no smoking within building structure.


Person in Charge (Signature)

Paul Walker WCHD
Inspector (Signature)

Sep 27, 2023

Date

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: _____