

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 12/07/2023
Establishment Minonk Township Food Pantry		License/Permit # 23 059		Time In 2:05 PM
Street Address 670 N. Chestnut Street		Permit Holder Minonk Township Food Pantry		Time Out 2:55 PM
City/State Minonk, IL		ZIP Code 61760		Risk Category III
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	N/A	Certified Food Protection Manager (CFPM)		16	N/A	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		18	N/A	Time/Temperature Control for Safety	
4	In	Proper use of restriction and exclusion		19	N/A	Proper reheating procedures for hot holding	
5	In	Procedures for responding to vomiting and diarrheal events		20	N/A	Proper cooling time and temperature	
Good Hygienic Practices				21	N/A	Proper hot holding temperatures	
6	In	Proper eating, tasting, drinking, or tobacco use		22	In	Proper cold holding temperatures	
7	In	No discharge from eyes, nose, and mouth		23	N/A	Proper date marking and disposition	
Preventing Contamination by Hands				24	N/A	Time as a Public Health Control; procedures & records	
8	In	Hands clean and properly washed		25	N/A	Consumer Advisory	
9	N/A	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		26	In	Highly Susceptible Populations	
10	In	Adequate handwashing sinks properly supplied and accessible		27	N/A	Food/Color Additives and Toxic Substances	
Approved Source				28	In	Food additives: approved and properly used	
11	In	Food obtained from approved source		29	N/A	Toxic substances properly identified, stored, and used	
12	N/O	Food received at proper temperature		Conformance with Approved Procedures			
13	In	Food in good condition, safe, and unadulterated		GOOD RETAIL PRACTICES			
14	N/A	Required records available: shellstock tags, parasite destruction		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		
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				Employee Training			
57	All food employees have food handler training			58	Allergen training as required		

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Establishment: Minonk Township Food Pantry

Establishment #: 23 059

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 100

Heat: N/A

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	No violations observed at time of inspection.

CFPM Verification (name, expiration date, ID#): Paul Vallow

Dec 7, 2023

Person In Charge (Signature)

Paul

FL

Follow-up: Yes No (Check one)

Follow-up Date:

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Establishment: Minonk Township Food Pantry

Establishment #: 23 059

Person in Charge (Signature)

Dec 7, 2023

Date

Follow-up: Yes No (Check one)

Follow-up Date:

Inspector (Signature)