

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	02/15/2024
Establishment Metamora Grade School cafeteria		License/Permit #	24 028	No. of Repeat Risk Factor/Intervention Violations	0
Street Address 815 E. Chatham Street		Permit Holder Metamora CCSD #1	Risk Category I		
City/State Metamora, IL		ZIP Code 61548	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

Compliance Status			COS	R
Supervision				
1	In	Person in charge present, demonstrates knowledge, and performs duties		
2	In	Certified Food Protection Manager (CFPM)		
Employee Health				
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		
Good Hygienic Practices				
6	In	Proper eating, tasting, drinking, or tobacco use		
7	In	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
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		
Approved Source				
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
Protection from Contamination				
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		
Time/Temperature Control for Safety				
18	In	Proper cooking time and temperatures		
19	N/O	Proper reheating procedures for hot holding		
20	In	Proper cooling time and temperature		
21	In	Proper hot holding temperatures		
22	In	Proper cold holding temperatures		
23	In	Proper date marking and disposition		
24	N/A	Time as a Public Health Control; procedures & records		
Consumer Advisory				
25	N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations				
26	N/A	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances				
27	N/A	Food additives: approved and properly used		
28	In	Toxic substances properly identified, stored, and used		
Conformance with Approved Procedures				
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
Safe Food and Water				
30		Pasteurized eggs used where required		
31		Water and ice from approved source		
32		Variance obtained for specialized processing methods		
Food Temperature Control				
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		
Food Identification				
37		Food properly labeled; original container		
Prevention of Food Contamination				
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
Proper Use of Utensils				
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		
Utensils, Equipment and Vending				
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		
Physical Facilities				
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		
Employee Training				
57		All food employees have food handler training		
58		Allergen training as required		

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Establishment: Metamora Grade School cafeteria

Establishment #: 24 028

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

Sanitizer Type: Chlorine

PPM: 50/100

Heat: 189

TEMPERATURE OBSERVATIONS

Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Meatballs/main serving line	180		Milk/milk cooler main serving line	33			
Spaghetti/main serving line	170		Milk/milk cooler gym serving line	37			
Meatballs/main serving line	188		Cut lettuce chef salad-cooling/RIC	45			
Spaghetti/main serving line	177		Milk/WIC	38			
			Cut lettuce chef salad/WIC	38			

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#): Nicole Salem

Nicole Salem
20281809 - ServSafe
Exp. 2/2026

Valerie Tipton
20113820 - ServSafe
Exp. 1/2026

Karla Kiesewetter
21678285 - NRFSP
Exp. 3/2025

Brandy Mallow
21678283 - NRFSP
Exp. 3/2025

HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, serving line/food protection

Person in Charge (Signature)

Feb 15, 2024

Date _____

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date:

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[illegible]

Person in Charge (Signature)

Feb 15, 2024

Date _____

Paul Williams wend
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: