

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 1		Date 02/20/2024
Establishment Sowers Elementary School cafeteria		No. of Repeat Risk Factor/Intervention Violations 0		Time In 11:40 AM
Street Address 202 W. High Street		Permit Holder Roanoke-Benson CUSD #60		Time Out 1:00 PM
City/State Roanoke, IL		Risk Category I		
ZIP Code 61561		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	Out	Food-contact surfaces; cleaned and sanitized		X
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/O	Proper reheating procedures for hot holding		
Good Hygienic Practices					20	N/O	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

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	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			X
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: Sowers Elementary School cafeteria

Establishment #: 24 057

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 50/100

Heat: 195

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

CFPM Verification (name, expiration date, ID#): Susan Garber

Susan Garber 19027313 - ServSafe Exp. 3/2025	Jennifer Heckman 20143038 - ServSafe Exp. 1/2026	Carrie Armstrong 20626386 - ServSafe Exp. 5/2026	
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HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, hot water sanitizing requirements

Sue Barber

Feb 20, 2024

Person in Charge (Signature)

Date

Paul Miller 1940

EL

Follow-up: Yes No (Check one)

Follow-up Date:

Inspector (Signature)

Food Establishment Inspection Report

Establishment: Sowers Elementary School cafeteria

Establishment #: 24 057

Sue Barber
Person in Charge (Signature)

Person in Charge (Signature)

Feb 20, 2024

Date

Paul Wilkins wms
Inspector (Signature)

Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: