

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	03/19/2024
Establishment Riverview Grade School		License/Permit #	24 016	No. of Repeat Risk Factor/Intervention Violations	0
Street Address 1421 Spring Bay Road		Permit Holder	Riverview Grade School CCSD #2	Risk Category	I
City/State East Peoria, IL		ZIP Code	61611	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					Time/Temperature Control for Safety				
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	In	Proper disposition of returned, previously served, reconditioned and unsafe food		
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					Consumer Advisory				
6	In	Proper eating, tasting, drinking, or tobacco use			20	N/O	Proper cooling time and temperature		
7	In	No discharge from eyes, nose, and mouth			21	In	Proper hot holding temperatures		
Preventing Contamination by Hands					Highly Susceptible Populations				
8	In	Hands clean and properly washed			22	In	Proper cold holding temperatures		
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			23	In	Proper date marking and disposition		
10	In	Adequate handwashing sinks properly supplied and accessible			24	In	Time as a Public Health Control; procedures & records		
Approved Source					Food/Color Additives and Toxic Substances				
11	In	Food obtained from approved source			25	N/A	Consumer advisory provided for raw/undercooked food		
12	N/O	Food received at proper temperature			Conformance with Approved Procedures				
13	In	Food in good condition, safe, and unadulterated			26	N/A	Pasteurized foods used; prohibited foods not offered		
14	N/A	Required records available: shellstock tags, parasite destruction			27	N/A	Food additives: approved and properly used		
					28	In	Toxic substances properly identified, stored, and used		
					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									
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					Utensils, Equipment and Vending				
33		Proper cooling methods used; adequate equipment for temperature control			46		Gloves used properly		
34		Plant food properly cooked for hot holding			Physical Facilities				
35		Approved thawing methods used			47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
36		Thermometers provided & accurate			48		Warewashing facilities: installed, maintained, & used; test strips		
Food Identification					49		Non-food contact surfaces clean		
37		Food properly labeled; original container			Employee Training				
Prevention of Food Contamination					50		Hot and cold water available; adequate pressure		
38		Insects, rodents, and animals not present			51		Plumbing installed; proper backflow devices		
39		Contamination prevented during food preparation, storage and display			52		Sewage and waste water properly disposed		
40		Personal cleanliness			53		Toilet facilities: properly constructed, supplied, & cleaned		
41		Wiping cloths: properly used and stored			54		Garbage & refuse properly disposed; facilities maintained		
42		Washing fruits and vegetables			55		Physical facilities installed, maintained, and clean		
					56		Adequate ventilation and lighting; designated areas used		

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Establishment #: 24 016

Sanitizer Type: Chlorine

PPM: 50/100

Heat: 181

TEMPERATURE OBSERVATIONS							
Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Taco meat/steam table	189		Milk/WIC	37			
Refried beans/stove	160		Shredded cheese/WIC	37			
Potato wedges/oven	165		Sliced cheese/WIC	37			
Potato wedges-TPHC/hot-holding	114		Milk/milk cooler	39			
Nacho cheese/steam table	144		Sour cream/cold-holding serving	38			

[illegible]

Rebecca Davis 22009508 - NRFSP Exp. 11/2028	Stacy Ray 20864949 - ServSafe Exp. 8/2026		
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HACCP Topic: TCS food temperature/display requirements, proper sanitation temperatures, no bare hand contact with ready-to-eat food

Person In Charge (Signature) Betty Davis

Mar 19, 2024

Date _____

Paul Wilentz, WCD
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date:

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Establishment: Riverview Grade School

Establishment #: 24 016

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 I food establishment

The person-in-charge shall have CFPM certification and be on the premises during all hours of operation

Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (grill, barbecue, concessions, 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

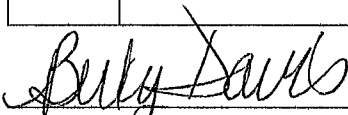
Food handler certification is required for all food employees without CFPM certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required within 30 days from the hire date of food employees 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 smoking or vaping or e-cigarette use in food & drink prep area, dishwashing area, storage area, and within building structure.

Make sure exterior WIF is kept locked at all times except when in use for food safety

This facility is on the NCPWS program and must routinely collect water samples as required

3-501.19 - Time as a Public Health Control: take & log initial temperatures of each TCS food item, mark discard time (no more than 4 hours), discard TCS food within 4 hours, and written procedures shall be maintained in the food establishment and made available to the regulatory authority upon request.


Person in Charge (Signature)

Mar 19, 2024

Date


Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: _____