

# 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 2		Date 06/17/2024
Establishment Hardee's/Red Burrito #1501147		No. of Repeat Risk Factor/Intervention Violations 0		Time In 10:00 AM
License/Permit # 24 031		Permit Holder TriStar Ventures LLC		Time Out 11:40 AM
Street Address 507 W. Center Street		Risk Category I		
City/State Eureka, IL		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	
<b>Supervision</b>										
1	In	Person in charge present, demonstrates knowledge, and performs duties			15	In	Food separated and protected			
2	Out	Certified Food Protection Manager (CFPM)			16	In	Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>										
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			<b>Time/Temperature Control for Safety</b>					
5	In	Procedures for responding to vomiting and diarrheal events			18	In	Proper cooking time and temperatures			
<b>Good Hygienic Practices</b>										
6	In	Proper eating, tasting, drinking, or tobacco use			19	N/O	Proper reheating procedures for hot holding			
7	In	No discharge from eyes, nose, and mouth			20	In	Proper cooling time and temperature			
<b>Preventing Contamination by Hands</b>										
8	In	Hands clean and properly washed			21	In	Proper hot holding temperatures			
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			22	Out	Proper cold holding temperatures		X	
10	In	Adequate handwashing sinks properly supplied and accessible			23	In	Proper date marking and disposition			
<b>Approved Source</b>										
11	In	Food obtained from approved source			24	In	Time as a Public Health Control; procedures & records			
12	N/O	Food received at proper temperature			<b>Consumer Advisory</b>					
13	In	Food in good condition, safe, and unadulterated			25	N/A	Consumer advisory provided for raw/undercooked food			
14	N/A	Required records available: shellstock tags, parasite destruction			<b>Highly Susceptible Populations</b>					
<b>GOOD RETAIL PRACTICES</b>										
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				COS	R	
<b>Safe Food and Water</b>										
30	Pasteurized eggs used where required					<b>Proper Use of Utensils</b>				
31	Water and ice from approved source					43	In-use utensils: properly stored			
32	Variance obtained for specialized processing methods					44	Utensils, equipment & linens: properly stored, dried, & handled			
<b>Food Temperature Control</b>										
33	Proper cooling methods used; adequate equipment for temperature control					45	Single-use/single-service articles: properly stored and used			
34	Plant food properly cooked for hot holding					46	Gloves used properly			
35	Approved thawing methods used					<b>Utensils, Equipment and Vending</b>				
36	Thermometers provided & accurate					47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<b>Food Identification</b>										
37	X	Food properly labeled; original container			X	48	Warewashing facilities: installed, maintained, & used; test strips			
<b>Prevention of Food Contamination</b>										
38	Insects, rodents, and animals not present					49	X Non-food contact surfaces clean			
39	Contamination prevented during food preparation, storage and display					<b>Physical Facilities</b>				
40	Personal cleanliness					50	Hot and cold water available; adequate pressure			
41	Wiping cloths: properly used and stored					51	Plumbing installed; proper backflow devices			
42	Washing fruits and vegetables					52	Sewage and waste water properly disposed			
<b>Employee Training</b>										
57	All food employees have food handler training					53	Toilet facilities: properly constructed, supplied, & cleaned			
58	Allergen training as required					54	Garbage & refuse properly disposed; facilities maintained			

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Establishment: Hardee's/Red Burrito #1501147

Establishment #: 24 031

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Quaternary ammonium

PPM: 150

Heat: N/A

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Omelet/hot-holding	161	Sliced tomatoes-TPHC/cold-hold	43	Cut lettuce-cooling/RIC	42
Sausage/hot-holding	180	Cut lettuce-TPHC/cold-holding	44	Sausage/WIC	37
Gravy/steam table	145	Sliced cheese-TPHC/cold-hold	60	Milk/RIC	41
		Diced chicken/RIC	53	Juice/RIC	41
		Ham/RIC	39	Milk/RIC	41
		Buttermilk/WIC	39		
		Ham/WIC	38		
		Roast beef/WIC	37		
		Sliced tomatoes-cooling/WIC	46		

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
2	2-102.12 (C) Observed documentation that only two (2) food employees have current CFPM certification. This facility is classified as a Category I food establishment, and the person-in-charge shall have current CFPM certification and be on the premises during all hours of operation. Provide an adequate number of staff with approved CFPM certification to ensure that the person-in-charge has CFPM certification and is on the premises during all hours of operation. Please correct this violation within 90 days or at least by next routine inspection.
22	3-501.16 (P) Observed in food prep area internal temperature of diced chicken in RIC measured 53° F using a food temperature measuring device with metal-stem. Using a metal-stem thermometer provided by establishment, internal temperature of diced chicken measured 53° F. Time/Temperature Control for Safety Food shall be maintained at 41° F or below. Ambient air on thermometer indicated 54° F. Reviewed TCS food cold-holding temperature requirements and discussed HACCP concept with person-in-charge during inspection. Diced chicken had been in RIC more than 4 hours and preparation date of 6/13 noted on container. Diced chicken discarded by person-in-charge during inspection.
37	3-302.12 (C) Observed along cook line shake-style containers of orange substance and white substance without name identifying contents on containers and in food prep RIC squeeze bottles of food substances without name identifying contents on containers. Working containers holding food or food ingredients that are removed from their original packages for use in the food establishment shall be identified with the common name of the food. Orange substance was Nashville seasoning, white food substance was powdered sugar, and squeeze bottles contained various sauces, according to person-in-charge, and labeled by

CFPM Verification (name, expiration date, ID#): Margaret Arbogast

Margaret Arbogast  
23813686 - ServSafe  
Exp. 4/2028

Thomas Arbogast  
23108994 - ServSafe  
Exp. 1/2028

HACCP Topic: TCS food temperature requirements, Time as a Public Health Control, no bare hand contact with ready-to-eat food

Margaret Arbogast  
Person in Charge (Signature)

Jun 17, 2024

Date

Paul Williams  
Inspector (Signature)

ED

Follow-up:  Yes  No (Check one)

Follow-up Date: \_\_\_\_\_

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Margaret Abbagast  
Person in Charge (Signature)

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Jun 17, 2024

Date

Follow-up:  Yes  No (Check one)

**Follow-up Date:**

Inspector (Signature)