

# Food Establishment Inspection Report

Page 1 of 3

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 07/09/2024
Establishment Camp Manitoumi		No. of Repeat Risk Factor/Intervention Violations 0	Time In 11:00 AM
Street Address 948 County Road 1800 N		Permit Holder Camp Manitoumi Inc	Time Out 12:30 PM
City/State LowPoint, IL		Risk Category I	
ZIP Code 61545		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>					<b>Protection from Contamination</b>		
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
<b>Employee Health</b>					<b>Time/Temperature Control for Safety</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			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
<b>Good Hygienic Practices</b>					<b>Consumer Advisory</b>		
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
<b>Preventing Contamination by Hands</b>					<b>Highly Susceptible Populations</b>		
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	N/A	Time as a Public Health Control; procedures & records
<b>Approved Source</b>					<b>Food/Color Additives and Toxic Substances</b>		
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			26	In	Pasteurized foods used; prohibited foods not offered
13	Out	Food in good condition, safe, and unadulterated	X		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
<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							
Compliance Status			COS	R	Compliance Status	COS	R
<b>Safe Food and Water</b>					<b>Proper Use of Utensils</b>		
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	
<b>Food Temperature Control</b>					<b>Gloves used properly</b>		
33	Proper cooling methods used; adequate equipment for temperature control				46	<b>Utensils, Equipment and Vending</b>	
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	
<b>Food Identification</b>					<b>Physical Facilities</b>		
37	Food properly labeled; original container				50	Hot and cold water available; adequate pressure	
<b>Prevention of Food Contamination</b>					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	
<b>Employee Training</b>					<b>Employee Training</b>		
57	All food employees have food handler training				58	Allergen training as required	

# Food Establishment Inspection Report

Page 2 of 3

Establishment: Camp Manitoumi

Establishment #: 24 018

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Chlorine

PPM: 50/100

Heat: N/A

## TEMPERATURE OBSERVATIONS

## OBSERVATIONS AND CORRECTIVE ACTIONS

CFPM Verification (name, expiration date, ID#): Elizabeth Silver

Elizabeth Silver 22747380 - ServSafe Exp. 10/2027	Jordan Carlson 19714595 - ServSafe Exp. 8/2025		
---	--	--	--

## HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, employee health policy requirements

Elizavet Sliu

Jul 9 2024

Date

Person in Charge (Signature)

Follow-up:  Yes  No (Check one)

**Follow-up Date:**

---

Inspector (Signature)

15

# Food Establishment Inspection Report

### Establishment: Camp Manitoumi

Establishment #: 24 018

Eliot Shu

Jul 9, 2024

Date

Follow-up:  Yes  No (Check one)

**Follow-up Date:**

\_\_\_\_\_  
Inspector (Signature)