

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 07/31/2024
Establishment Lydia's Dairy Barn		No. of Repeat Risk Factor/Intervention Violations 0		Time In 4:15 PM
Street Address 1980 S. Main Street		Permit Holder Lydia's Dairy Barn Inc		Time Out 5:25 PM
City/State Eureka, IL		Risk Category II		
ZIP Code 61530		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
Supervision				
1	In	Person in charge present, demonstrates knowledge, and performs duties		
2	Out	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		
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
Safe Food and Water			COS	R
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			
Protection from Contamination			COS	R
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/A	Proper reheating procedures for hot holding		
20	N/A	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		

Compliance Status			COS	R
Proper Use of Utensils				
43	X	In-use utensils: properly stored		X
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	X	Plumbing installed; proper backflow devices		X
52		Sewage and waste water properly disposed		
53	X	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: Lydia's Dairy Barn

Establishment #: 24 009

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Nacho cheese/Carnival King	144	Vanilla ice milk/soft serve unit	36		
Chicken tenders/Perfect Fry unit	196	Chocolate ice milk/soft serve unit	34		
		Milk/RIC	41		
		Vanilla ice milk/RIC	41		
		Chocolate ice milk/RIC	41		
		Hot dogs/RIC prep	37		
		Sliced tomatoes/RIC prep	39		
		Sliced cheese/RIC prep	37		
		Vanilla ice milk/RIC	41		

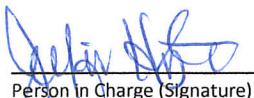
OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
2	2-102.12 (C) Observed documentation that only the person-in-charge has current CFPM certification. This facility is classified as a Category II 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.
43	3-304.12 (C) Observed in ice bin below Pepsi beverage dispensing unit along front serving line handle of ice scoop stored in direct contact with ice. Store in-use utensils: 1) in the food with the handle above the top of the food item; 2) on a clean and sanitized surface. Ice scoop removed from ice and placed back into ice with handle extended above ice during inspection.
51	5-203.14 (P) Observed in restroom white hose attached to service sink cold water faucet (yellow handle) without backflow prevention device attached. A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment, including on a hose bibb if a hose is attached or on a hose bibb if a hose is not attached and backflow prevention is required by law by installing an approved backflow prevention device as specified under § 5-202.14. White hose disconnected from faucet during inspection.
53	6-202.14 (C) Observed restroom door not properly self-closing and door spring missing & not attached. A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door. Please correct this violation within 90 days or at least by next routine inspection.

CFPM Verification (name, expiration date, ID#): Jennifer Hostetler

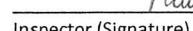
Jennifer Hostetler
1f0kkb-k0kcb17-State Food Safety
Exp. 6/2029

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


Person in Charge (Signature)

Jul 31, 2024

Date


Inspector (Signature)


EL

Follow-up: Yes No (Check one)

Follow-up Date: _____

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Establishment #: 24 009

Person in Charge (Signature)

Jul 31, 2024

Date

Follow-up: Yes No (Check one)

Follow-up Date:

[Signature]