

# Food Establishment Inspection Report

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|  |  |  |  |                          |
|--|--|--|--|--------------------------|
| Local Health Department Name and Address<br>Woodford County Health Department<br>1831 S. Main Street, Eureka, IL 61530 |  | No. of Risk Factor/Intervention Violations <b>0</b>        |  | Date <b>07/22/2024</b>   |
| Establishment<br>Meals On Wheels Eureka  |  | No. of Repeat Risk Factor/Intervention Violations <b>0</b> |  | Time In <b>9:00 AM</b>   |
| Street Address<br>105 W. Eureka Avenue   |  | Permit Holder<br>Meals On Wheels Eureka Inc                |  | Time Out <b>10:20 AM</b> |
| City/State<br>Eureka, IL   |  | Risk Category<br>I   |  |                          |
|  |  | Purpose of Inspection<br>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   | In  | Food in good condition, safe, and unadulterated   |   |   | <b>Food/Color Additives and Toxic Substances</b> |     |  |  |
| 14   | N/A   | Required records available: shellstock tags, parasite destruction                             |   |   | 27   | N/A | Food additives: approved and properly used                                       |  |
| <b>GOOD RETAIL PRACTICES</b>   |   |   | <b>Highly Susceptible Populations</b>   |   |  |     |  |  |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.<br>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 |   |  |     |  |  |
| <b>Safe Food and Water</b>   |   |   | <b>Conformance with Approved Procedures</b>   |   |  |     |  |  |
| 30   | Pasteurized eggs used where required                                    |   | COS   | R | 28   | N/A | Compliance with variance/specialized process/HACCP                               |  |
| 31   | Water and ice from approved source                                      |   |   |   | 29   | N/A |  |  |
| 32   | Variance obtained for specialized processing methods                    |   |   |   | <b>Physical Facilities</b>                       |     |  |  |
| 33   | Proper cooling methods used; adequate equipment for temperature control |   |   |   | 30   |     | Hot and cold water available; adequate pressure                                  |  |
| 34   | Plant food properly cooked for hot holding                              |   |   |   | 31   |     | Plumbing installed; proper backflow devices                                      |  |
| 35   | Approved thawing methods used   |   |   |   | 32   |     | Sewage and waste water properly disposed   |  |
| 36   | Thermometers provided & accurate  |   |   |   | 33   |     | Toilet facilities: properly constructed, supplied, & cleaned                     |  |
| <b>Food Identification</b>   |   |   | <b>Employee Training</b>  |   |  |     |  |  |
| 37   | Food properly labeled; original container                               |   | X   |   | 34   |     | Garbage & refuse properly disposed; facilities maintained                        |  |
| <b>Prevention of Food Contamination</b>  |   |   | <b>Physical Facilities</b>  |   |  |     |  |  |
| 38   | Insects, rodents, and animals not present                               |   |   |   | 35   |     | Physical facilities installed, maintained, and clean                             |  |
| 39   | Contamination prevented during food preparation, storage and display    |   |   |   | 36   |     | Adequate ventilation and lighting; designated areas used                         |  |
| 40   | Personal cleanliness  |   |   |   | 37   |     |  |  |
| 41   | Wiping cloths: properly used and stored                                 |   |   |   | 38   |     |  |  |
| 42   | Washing fruits and vegetables   |   |   |   | 39   |     |  |  |

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Establishment: Meals On Wheels Eureka

Establishment #: 24 002

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: N/A

## TEMPERATURE OBSERVATIONS

## OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below.   |
|-------------|---|
| 37          | 3-302.12 (C) Observed in kitchen on shelves clear plastic containers of dry 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, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Food items were white rice, Panko bread crumbs, butterscotch chips, and mini chocolate chips according to person-in-charge, and labeled by person-in-charge during inspection. |
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CFPM Verification (name, expiration date, ID#): Kathy Bowald

|   |  |  |  |
|---|--|--|--|
| Kathy Bowald<br>21338111 - ServSafe<br>Exp. 12/2026 | Heaven Scott<br>20669267 - ServSafe<br>Exp. 6/2026 |  |  |
|---|--|--|--|

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

Fay Bourque  
Person in Charge (Signature)

Jul 22, 2024

Date

Paul  
Inspector (Signature)

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Follow-up:  Yes  No (Check one)

**Follow-up Date:**

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### Establishment: Meals On Wheels Eureka

Establishment #: 24 002

Kathy Baran  
Person in Charge (Signature)

Jul 22, 2024

Date

Follow-up:  Yes  No (Check one)

**Follow-up Date:**

Paul Wilkins  
Inspector (Signature)