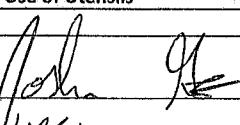


Food Establishment Inspection Report

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Local Health Department and Address Woodford County Health Department 1831 S. Main Street Eureka, IL 61530			Number of Risk Factor/ Intervention Violations		1	Date	12/3/2024
			Number of Repeat Risk Factor/ Intervention Violations		1	Time In	9:25 AM
Establishment Grace Fellowship Church		Phone (309) 527-2920		Email			
Address 2730 County Road 1100 N		City/State El Paso, IL		ZIP Code 61738			
License/Permit # 24 072		Permit Holder Grace Fellowship Church		Purpose of Inspection Routine		Risk Category II	
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 the 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.							
Supervision			COS		R		
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 product 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 are properly supplied and accessible.					
Approved Source							
11	IN	Food obtained from an approved source.					
12	N/O	Food received at the proper temperature.					
13	IN	Food in good condition, safe, and unadulterated.					
14	N/A	Required records available: molluscan shellfish identification, and 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 the box if the numbered item is not in compliance			Mark "X" in the appropriate box		COS: Corrected on-site during inspection		R: Repeat violation
Safe Food and Water			COS		R		
30	Pasteurized eggs are used where required.						
31	Water and ice from an approved source.						
32	Variance obtained for specialized processing methods.						
Food Temperature Control							
33	Proper cooling methods are used; adequate equipment for temperature control.						
34	Plant food properly cooked for hot holding.						
35	Approved thawing methods used.						
36	Thermometers are provided and accurate.						
Food Identification							
37	Food properly labeled; original container.						
Prevention of Food Contamination							
38	Insects, rodents, and animals not present.						
39	Contamination is prevented during food preparation, storage, and display.						
40	Personal cleanliness.						
41	Wiping cloths: properly used and stored.						
42	Washing fruits, vegetables, and other plant food.						
Proper Use of Utensils							
43	In-use utensils: properly stored.						
Proper Use of Utensils (continued)							
44	Utensils, equipment, and linens: properly stored, dried, and handled.						
45	Single use/single service articles are 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, and used; test strips.						
49	Non-food contact surfaces are clean.						
Physical Facilities							
50	Hot and cold water available; adequate pressure.						
51	Plumbing installed; proper backflow devices.						
52	Sewage and wastewater properly disposed.						
53	Toilet facilities: properly constructed, supplied, and cleaned.						
54	Garbage and refuse are properly disposed; facilities are maintained.						
55	Physical facilities installed, maintained, and cleaned.						
56	Adequate ventilation and lighting; designated areas used.						
Food Handler and Allergen Awareness							
57	Food handler training 410 ILCS 625/ 3.06.						
58	Allergen awareness training for CFPM 410 ILCS 625/3.07 (rest. only).						
59	Allergen awareness notice 410 ILCS 625/3.08 (rest. only).						

Person in Charge (Signature)  Date: 12/3/2024

Inspector (Signature)  Follow-up: YES NO (Check one) Follow-up Date: _____

Food Establishment Inspection Report

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Establishment: Grace Fellowship Church

Establishment #: 24 072

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 50/100

Heat: N/A

NOTES

Please correct any core (C) violations noted below ASAP but at least by next routine inspection

Please note 1 repeat violation (item #2) was observed during this inspection and a repeat violation letter will be sent to the establishment.

Facility is still classified as a Category II food establishment

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

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

Please note this establishment does not have scheduled events offering food/drink to the public at this time

Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside.

CFPM Verification (name, expiration date, ID#): Josh Gates

CRM verification (name, expiration date, ID#):

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

Illinois Requirements: Use of **non-latex** gloves for food handling and preparation 410 ILCS 180/10.
 Appropriate **default beverage** for children's meal 410 ILCS 620/21.5.

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 no documentation that person-in-charge or other staff have 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 food operations. 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 food operations. Please correct this
	violation within 90 days or at least by next routine inspection.

Food Establishment Inspection Report

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Establishment: Grace Fellowship Church

Establishment #: 24 072