

# 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 1/3/2025
		Number of Repeat Risk Factor/ Intervention Violations 0	Time In 10:30 AM
			Time Out 11:50 AM
Establishment Carle Eureka Hospital kitchen	Phone (309) 467-2371	Email	
Address 101 S. Major Street		City/State Eureka, IL	ZIP Code 61530
License/Permit # 25 030	Permit Holder Carle Eureka Hospital	Purpose of Inspection Routine	Risk Category I

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<b>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item</b>				<b>Mark "X" in the appropriate box for COS and/or R</b>			
IN: In compliance		OUT: not in compliance		N/O: not observed		N/A: not applicable	
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
<b>Supervision</b>				
1	IN	Person in charge present, demonstrates knowledge, and performs duties.		
2	IN	Certified Food Protection Manager (CFPM).		
<b>Employee Health</b>				
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.		
<b>Good Hygienic Practices</b>				
6	IN	Proper eating, tasting, drinking, or tobacco product use.		
7	IN	No discharge from eyes, nose, and mouth.		
<b>Preventing Contamination by Hands</b>				
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.		
<b>Approved Source</b>				
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.		

  

#	Compliance Status		COS	R
<b>Protection from Contamination</b>				
15	IN	Food is separated and protected.		
16	IN	Food-contact surfaces; cleaned and sanitized.		
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food.		
<b>Time/Temperature Control for Safety</b>				
18	IN	Proper cooking time and temperatures.		
19	N/O	Proper reheating procedures for hot holding.		
20	N/O	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 and records.		
<b>Consumer Advisory</b>				
25	N/A	Consumer advisory is provided for raw/undercooked food.		
<b>Highly Susceptible Populations</b>				
26	IN	Pasteurized foods are used; prohibited foods are not offered.		
<b>Food/Color Additives and Toxic Substances</b>				
27	N/A	Food additives: approved and properly used.		
28	IN	Toxic substances are properly identified, stored and used.		
<b>Conformance with Approved Procedures</b>				
29	N/A	Compliance with variance/specialized process/HACCP.		

## 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 for COS and/or R	
		COS: Corrected on-site during inspection	R: Repeat violation

#	X	Compliance Status	COS	R
<b>Safe Food and Water</b>				
30		Pasteurized eggs are used where required.		
31		Water and ice from an approved source.		
32		Variance obtained for specialized processing methods.		
<b>Food Temperature Control</b>				
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.		
<b>Food Identification</b>				
37		Food properly labeled; original container.		
<b>Prevention of Food Contamination</b>				
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.		
<b>Proper Use of Utensils</b>				
43		In-use utensils: properly stored		

  

#	X	Compliance Status	COS	R
<b>Proper Use of Utensils (continued)</b>				
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.		
<b>Utensils, Equipment, and Vending</b>				
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.		
<b>Physical Facilities</b>				
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.		
<b>Food Handler and Allergen Awareness</b>				
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) <u><i>Shanda B Corp</i></u>	Date: <u>1/3/2025</u>
Inspector (Signature) <u><i>Paul Wilkins</i></u>	Follow-up: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Check one) Follow-up Date: _____

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Establishment: Carle Eureka Hospital kitchen

Establishment #: 25 030

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: 188

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken noodle soup/microwave	203	Chicken tender/oven	205	Turkey/WIC	38
Pureed chicken noodle soup/microwave	204	Cut cantaloupe/WIC	34	Chicken salad/prep	41
Carrots/oven	136	Cut honeydew/WIC	35		
Hamburger/flattop	175	Cut lettuce salad/WIC	39		
Green beans/oven	170	Sliced cheese/WIC	37		
Broccoli/oven	175	Liquid eggs/WIC	35		
Salmon/oven	204	Milk/WIC	38		
Macaroni & cheese/microwave	186	Ham/WIC	39		

## NOTES

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

Facility is still classified as a Category I food establishment

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

Food handler certification is required for all food employees without CFPM certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required within

30 days from the hire date of food employees and valid for three (3) years from date of issuance.

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#): Amanda Cox

Amanda Cox  
20207215 - ServSafe  
Exp. 2/2026

Eunha Chung  
24302233 - ServSafe  
Exp. 7/2028

Ariel Nieves  
25692560 - ServSafe  
Exp. 5/2029

Michelle Martel  
24277142 - ServSafe  
Exp. 7/2028

**HACCP Topic:** TCS food temperature & date marking 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.
	No violations observed at time of inspection.

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Establishment: Carle Eureka Hospital kitchen Establishment #: 25 030[illegible]