

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 | 1/31/2025 |
| | | Number of Repeat Risk Factor/ Intervention Violations | 0 | Time In | 9:05 AM |
| | | | | Time Out | 10:30 AM |
| Establishment | Meals On Wheels Eureka | | Phone (309) 467-4440 | Email | |
| Address | 105 W. Eureka Avenue | | City/State | Eureka, IL | |
| License/Permit # | 25 013 | | Permit Holder | Meals On Wheels Eureka Inc | |
| | | | Purpose of Inspection | Routine | |
| | | | Risk Category | I | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in the appropriate box for COS and/or R

IN: In compliance OUT: not In compliance N/O: not observed N/A: not applicable 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 | IN | 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 | OUT | 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 | OUT | Food in good condition, safe, and unadulterated. | | ✓ |
| 14 | N/A | Required records available: molluscan shellfish identification, and parasite destruction. | | |
| Protection from Contamination | | | | |
| 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. | | |
| Time/Temperature Control for Safety | | | | |
| 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. | | |
| Consumer Advisory | | | | |
| 25 | N/A | Consumer advisory is provided for raw/undercooked food. | | |
| Highly Susceptible Populations | | | | |
| 26 | N/A | Pasteurized foods are used; prohibited foods are not offered. | | |
| Food/Color Additives and Toxic Substances | | | | |
| 27 | N/A | Food additives: approved and properly used. | | |
| 28 | IN | Toxic substances are properly identified, stored and used. | | |
| Conformance with Approved Procedures | | | | |
| 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 |
|--|---|---|-----|---|
| Safe Food and Water | | | | |
| 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) *Kathy Boward*

Date: 1/31/2025

Inspector (Signature) *Paul Wilkins* 

Follow-up: ☐ YES ☒ NO (Check one) Follow-up Date: _____

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Establishment: Meals On Wheels Eureka

Establishment #: 25 013

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 |
|---------------------|------|-----------------------------|------|---------------|------|
| Cabbag rolls/oven | 185 | Sauerkraut/RIC | 39 | | |
| Corn/oven | 184 | Butter/RIC | 39 | | |
| Marinara sauce/oven | 173 | Peeled hard boiled eggs/RIC | 39 | | |
| Cabbage rolls/oven | 180 | Shredded cheese/RIC | 36 | | |
| Cabbage rolls/oven | 200 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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#): Kathy Bowald

Kathy Bowald
21338111 - ServSafe
Exp. 12/2026

Heaven Scott
20669267 - ServSafe
Exp. 6/2026

Tina Schreyer
22121256 - NRFSP
Exp. 10/2029

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. |
|-------------|--|
| 13 | 3-202.15 (Pf) Observed in storage area one (1) dented can of San Benito petite diced tomatoes on can rack shelf. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. Dented can removed from can rack shelf by person-in-charge during inspection. |
| 36 | 4-204.112 (C) Observed in storage area temperature measuring devices not provided and conspicuous in RIF (Amana, upright) and in RIF (Kenmore, upright). Cold-holding equipment used for Time/Temperature Control for Safety |

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Establishment:

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25 013

[illegible]