

Food Establishment Inspection Report

Page 1 of 3

Local Health Department and Address Woodford County Health Department 1831 S. Main Street Eureka, IL 61530		Number of Risk Factor/ Intervention Violations 0		Date 7/23/2025
		Number of Repeat Risk Factor/ Intervention Violations 0		Time In 9:05 AM
				Time Out 9:55 AM
Establishment Eureka Area Food Pantry		Phone (309) 467-3026		Email eurekaareafodpantry@gmail.com
Address 106 N. Callendar Street		City/State Eureka, IL		ZIP Code 61530
License/Permit # 25 016	Permit Holder Eureka United Methodist Church	Purpose of Inspection Routine	Risk Category III	

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	N/A	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	N/A	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.		

#	Compliance Status		COS	R
Protection from Contamination				
15	IN	Food is separated and protected.		
16	N/A	Food-contact surfaces; cleaned and sanitized.		
17	IN	Proper disposition of returned, previously served, reconditioned, and unsafe food.		
Time/Temperature Control for Safety				
18	N/A	Proper cooking time and temperatures.		
19	N/A	Proper reheating procedures for hot holding.		
20	N/A	Proper cooling time and temperature.		
21	N/A	Proper hot holding temperatures.		
22	IN	Proper cold holding temperatures.		
23	N/A	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.		

#	X	Compliance Status	COS	R
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) *Norma Jo Savage*

Date: 7/23/2025

Inspector (Signature) *Paul Wilkins*



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

Food Establishment Inspection Report

Page 2 of 3

Establishment: Eureka Area Food Pantry

Establishment #: 25 016

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine

PPM: 100

Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
			Sliced cheese/RIC	35	
			Ham/RIC	38	

NOTES

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

Facility is still classified as a Category III food establishment

Recommend documentation of ambient air temperatures of RICs and RIFs on a log sheet

Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances & exits; no smoking or vaping or e-cigarette use in food & drink prep area, dishwashing area, storage area, and within building structure.

CFPM Verification (name, expiration date, ID#): Norma Savage

HACCP Topic: TCS food date marking/temperature/storage requirements, 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.

Page 3 of 3

[illegible]