

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	3	Date	7/28/2025
		Number of Repeat Risk Factor/ Intervention Violations	0	Time In	10:55 AM
				Time Out	12:55 PM
Establishment	Michael's Italian Feast		Phone (309) 383-2777	Email	
Address	605 Upper Ten Mile Creek Road		City/State	Germantown Hills, IL	
License/Permit #	25 047		Permit Holder	Michael's Italian Feast LLC	
			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	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.		

#	Compliance Status		COS	R
Protection from Contamination				
15	IN	Food is separated and protected.		
16	OUT	Food-contact surfaces; cleaned and sanitized.	X	
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	OUT	Proper hot holding temperatures.	X	
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	X	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	X	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: 7/28/2025

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

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Establishment: Michael's Italian Feast

Establishment #: 25 047

Water Supply: ☒ Public ☐ Private

Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine

PPM: <25/100/200

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meat sauce/steam well	125	Roast beef/RIC prep	38	Black beans/RIC prep	38
Au jus/steam well	161	Ham/RIC prep	37	Shredded cheese/RIC pizza prep	37
Meatballs/steam well	145	Salami/RIC prep	41	Ham/RIC pizza prep	36
Meat sauce/stove burner	170	Turkey/RIC prep	37	Sausage/RIC pizza prep	35
Pasta/stove burner	176	Sliced cheese/RIC prep	37	Lasagna/RIC	38
		Diced chicken/RIC prep	37	Ham/RIC	38
		Cut lettuce/RIC prep	36	Meat sauce/WIC	41
		Corn/RIC prep	36	Shredded cheese/WIC	41

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

Allergy awareness training certification is required for all certified food protection managers

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.

CFPM Verification (name, expiration date, ID#): Rachel Ramirez

Rachel Ramirez
1j6e34-k6489cg - State Food Safety
Exp. 2/2029

Kevin Millard
7fe773-k1g1a7j -State Food Safety
Exp. 8/2029

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

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 documentation that only two (2) food employees have current ANSI-approved CFPM certification as required. This facility is categorized as a Category I food establishment, and the person-in-charge shall have CFPM certification and be the premises during all hours of operation. 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 operation. Please correct this violation within 90 days or at least by next routine inspection.
16	4-501.114 (P) Observed at mechanical warewashing machine concentration of chlorine sanitizing rinse measured less than

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Establishment #: 25 047

[illegible]