

Food Establishment Inspection Report

Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations	2	Date	07/06/2020
Establishment Stimp's		License/Permit #	0	Time In	11:15 AM
Street Address 436 N. Chestnut Street		Permit Holder	Risk Category		
City/State Minonk, IL		ZIP Code	1		
		Purpose of Inspection	Routine Inspection		

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 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.

Compliance Status		COS	R	Compliance Status		COS	R
Supervision				Protection from Contamination			
1	Out	Person in charge present, demonstrates knowledge, and performs duties	X	15	In	Food separated and protected	
2	In	Certified Food Protection Manager (CFPM)		16	In	Food-contact surfaces; cleaned and sanitized	
Employee Health				Time/Temperature Control for Safety			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
4	In	Proper use of restriction and exclusion		18	In	Proper cooking time and temperatures	
5	In	Procedures for responding to vomiting and diarrheal events		19	N/O	Proper reheating procedures for hot holding	
Good Hygienic Practices				20	N/O	Proper cooling time and temperature	
6	In	Proper eating, tasting, drinking, or tobacco use		21	Out	Proper hot holding temperatures	X
7	In	No discharge from eyes, nose, and mouth		22	In	Proper cold holding temperatures	
Preventing Contamination by Hands				23	In	Proper date marking and disposition	
8	In	Hands clean and properly washed		24	N/A	Time as a Public Health Control; procedures & records	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory			
10	In	Adequate handwashing sinks properly supplied and accessible		25	In	Consumer advisory provided for raw/undercooked food	
Approved Source				Highly Susceptible Populations			
11	In	Food obtained from approved source		26	N/A	Pasteurized foods used; prohibited foods not offered	
12	N/O	Food received at proper temperature		Food/Color Additives and Toxic Substances			
13	In	Food in good condition, safe, and unadulterated		27	N/A	Food additives: approved and properly used	
14	N/A	Required records available: shellstock tags, parasite destruction		28	In	Toxic substances properly identified, stored, and used	
GOOD RETAIL PRACTICES				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 box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Safe Food and Water				Proper Use of Utensils			
30	Pasteurized eggs used where required			43	X	In-use utensils: properly stored	X
31	Water and ice from approved source			44		Utensils, equipment & linens: properly stored, dried, & handled	
32	Variance obtained for specialized processing methods			45	X	Single-use/single-service articles: properly stored and used	
Food Temperature Control				46		Gloves used properly	
33	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
34	Plant food properly cooked for hot holding			47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
35	Approved thawing methods used			48		Warewashing facilities: installed, maintained, & used; test strips	
36	Thermometers provided & accurate			49		Non-food contact surfaces clean	
Food Identification				Physical Facilities			
37	X	Food properly labeled; original container	X	50		Hot and cold water available; adequate pressure	
Prevention of Food Contamination				51		Plumbing installed; proper backflow devices	
38		Insects, rodents, and animals not present		52		Sewage and waste water properly disposed	
39		Contamination prevented during food preparation, storage and display		53		Toilet facilities: properly constructed, supplied, & cleaned	
40		Personal cleanliness		54		Garbage & refuse properly disposed; facilities maintained	
41		Wiping cloths: properly used and stored		55	X	Physical facilities installed, maintained, and clean	
42		Washing fruits and vegetables		56		Adequate ventilation and lighting; designated areas used	
Employee Training				Employee Training			
				57		All food employees have food handler training	
				58		Allergen training as required	

Food Establishment Inspection Report

Establishment: Stimp's

Establishment #: 20 096

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
Cheesy gravy/crock pot	136	Precooked grilled chicken/prep	34	Salami/RIC pizza prep	38
Chicken breast/fryer	199	Sliced tomatoes/prep	39	Corn/RIC	39
Hamburger/griddle	189	Cut lettuce/prep	40	Cole slaw/RIC	39
Chicken strips/fryer	204	Sliced cheese/prep	39	Peeled hard boiled eggs/RIC	39
Nacho cheese/crock pot	90	Sliced ham/RIC pizza prep	39	Cut lettuce/WIC	38
		Ground sausage/RIC pizza prep	38	Chicken salad/WIC	40
		Canadian bacon/RIC pizza prep	38	Roast beef/WIC	41
		Shredded cheese/RIC pizza prep	39	Housemade ranch dressing/RIC	39
		Cut lettuce/RIC pizza prep	39	Housemade Italian dressing/RIC	40

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
1	2-103.11 (Pf) Observed male person-in-charge did not ensure that food employees are properly maintaining the temperatures of Time/Temperature Control for Safety foods during hot-holding through oversight of the food employees' routine monitoring of internal food temperatures and priority violation (#21) noted during inspection. Discussed with person-in-charge duties of PIC and the procedures the PIC has put into practice regarding oversight and/or routine monitoring of food employees during inspection.
21	3-501.16 (P) Observed with food temperature measuring device with metal-stem internal temperature of nacho cheese in hot-holding unit (crock pot) indicated 90° F. Nacho cheese was placed into crock pot around 10:00 am, according to female food employee. Nacho cheese removed from crock pot and reheated in microwave by female food employee during inspection. Recheck = 165° F - OK.
37	3-302.12 (C) Observed in kitchen along food cook line squeeze container of yellow liquid food substance without name identifying contents on container. Yellow liquid food substance was liquid butter alternative, according to female food employee, and labeled by female food employee during inspection.
43	3-304.12 (C) Observed in kitchen small bowl without handles stored in direct contact with chips. Store in-use utensils: 1) in the food with the handle extended above the top of the food item; 2) on a clean and sanitized surface; 3) in running water; or 4) in a container of hot water maintained at or above 135° F. Small bowl removed from chips by female food employee during inspection.

CFPM Verification (name, expiration date, ID#): Todd Stimpert

Todd Stimpert 21678282 - NRFSP Exp. 3/2025	Tara Stone 16251134 - ServSafe Exp. 3/2023	John Glowacki 21487641 - NRFSP Exp. 7/2023	Virgil N. Petri 21201735 - NRFSP Exp. 3/2021
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HACCP Topic: TCS food temperature/reheating requirements, employee health policy requirements, wearing masks

Jul 6, 2020
 Person in Charge (Signature) Date

Follow-up: Yes No (Check one)
 Inspector (Signature) Follow-up Date: _____

