

Food Establishment Inspection Report

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|--|--|--|--------------------|----------|------------|
| Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530 | | No. of Risk Factor/Intervention Violations | 0 | Date | 07/09/2020 |
| Establishment The Flying Spatula | | License/Permit # | 0 | Time In | 8:30 AM |
| Street Address 105 W. Eureka Avenue | | Permit Holder | 0 | Time Out | 10:10 AM |
| City/State Eureka, IL | | ZIP Code | Risk Category I | | |
| | | 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 | In | | | 15 | In | | |
| Person in charge present, demonstrates knowledge, and performs duties | | | | Food separated and protected | | | |
| 2 | In | | | 16 | In | | |
| Certified Food Protection Manager (CFPM) | | | | Food-contact surfaces; cleaned and sanitized | | | |
| Employee Health | | | | Time/Temperature Control for Safety | | | |
| 3 | In | | | 17 | In | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper disposition of returned, previously served, reconditioned and unsafe food | | | |
| 4 | In | | | 18 | In | | |
| Proper use of restriction and exclusion | | | | Proper cooking time and temperatures | | | |
| 5 | In | | | 19 | N/O | | |
| Procedures for responding to vomiting and diarrheal events | | | | Proper reheating procedures for hot holding | | | |
| Good Hygienic Practices | | | | 20 | N/O | | |
| 6 | In | | | Proper cooling time and temperature | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | 21 | In | | |
| 7 | In | | | Proper hot holding temperatures | | | |
| No discharge from eyes, nose, and mouth | | | | 22 | In | | |
| Preventing Contamination by Hands | | | | Proper cold holding temperatures | | | |
| 8 | In | | | 23 | In | | |
| Hands clean and properly washed | | | | Proper date marking and disposition | | | |
| 9 | In | | | 24 | N/A | | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | Time as a Public Health Control; procedures & records | | | |
| 10 | In | | | Consumer Advisory | | | |
| Adequate handwashing sinks properly supplied and accessible | | | | 25 | N/A | | |
| Approved Source | | | | Consumer advisory provided for raw/undercooked food | | | |
| 11 | In | | | Highly Susceptible Populations | | | |
| Food obtained from approved source | | | | 26 | In | | |
| 12 | N/O | | | Pasteurized foods used; prohibited foods not offered | | | |
| Food received at proper temperature | | | | Food/Color Additives and Toxic Substances | | | |
| 13 | In | | | 27 | N/A | | |
| Food in good condition, safe, and unadulterated | | | | Food additives: approved and properly used | | | |
| 14 | N/A | | | 28 | In | | |
| Required records available: shellstock tags, parasite destruction | | | | 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 | | | | 43 | In | | |
| Pasteurized eggs used where required | | | | In-use utensils: properly stored | | | |
| 31 | | | | 44 | | | |
| Water and ice from approved source | | | | Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 32 | | | | 45 | | | |
| Variance obtained for specialized processing methods | | | | Single-use/single-service articles: properly stored and used | | | |
| Food Temperature Control | | | | 46 | | | |
| 33 | | | | Gloves used properly | | | |
| Proper cooling methods used; adequate equipment for temperature control | | | | Utensils, Equipment and Vending | | | |
| 34 | | | | 47 | | | |
| Plant food properly cooked for hot holding | | | | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | | |
| 35 | | | | 48 | | | |
| Approved thawing methods used | | | | Warewashing facilities: installed, maintained, & used; test strips | | | |
| 36 | | | | 49 | | | |
| Thermometers provided & accurate | | | | Non-food contact surfaces clean | | | |
| Food Identification | | | | Physical Facilities | | | |
| 37 | | | | 50 | | | |
| Food properly labeled; original container | | | | Hot and cold water available; adequate pressure | | | |
| Prevention of Food Contamination | | | | 51 | | | |
| 38 | | | | Plumbing installed; proper backflow devices | | | |
| Insects, rodents, and animals not present | | | | 52 | | | |
| 39 | | | | Sewage and waste water properly disposed | | | |
| Contamination prevented during food preparation, storage and display | | | | 53 | | | |
| 40 | | | | Toilet facilities: properly constructed, supplied, & cleaned | | | |
| Personal cleanliness | | | | 54 | | | |
| 41 | | | | Garbage & refuse properly disposed; facilities maintained | | | |
| Wiping cloths: properly used and stored | | | | 55 | X | | |
| 42 | | | | Physical facilities installed, maintained, and clean | | | |
| Washing fruits and vegetables | | | | 56 | | | |
| | | | | Adequate ventilation and lighting; designated areas used | | | |
| Employee Training | | | | 57 | | | |
| 57 | | | | All food employees have food handler training | | | |
| 58 | | | | Allergen training as required | | | |

Food Establishment Inspection Report

Establishment: The Flying Spatula

Establishment #: 20 148

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 |
|-------------------|------|--------------------------------|------|-----------------------|------|
| Lasagna/oven | 200 | Butter/RIC | 41 | RIF/back storage room | 0 |
| Green beans/stove | 175 | Shredded cheese/RIC | 41 | RIC/kitchen | 40 |
| | | Turkey/RIC | 40 | RIC/storage room | 36 |
| | | Sweet macaroni salad/RIC | 39 | RIF/storage room | -6 |
| | | Parmesan vegetable salad/RIC | 41 | RIF/storage room | 0 |
| | | Cranberry almond chicken salad | 41 | RIF/storage room | 0 |
| | | | | | |
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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|--|
| 55 | 6-201.13 (C) Observed in kitchen storage room floor coving missing and not attached in left corner by entrance door. In food establishments in which cleaning methods other than water flushing are used for cleaning floors, the floor and wall junctures shall be coved and closed to no larger than 1 mm (one thirty-second inch). Please correct this violation within 90 days or at least by next routine inspection. |
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CFPM Verification (name, expiration date, ID#): Kathy Bowald

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|--|--|--|--|
| Kathy Bowald 21279067 - NRFSP Exp. 10/2021 | Tina Schreyer 21441110 - NRFSP Exp. 3/2023 | | |
|--|--|--|--|

HACCP Topic: TCS food temperature requirements, employee health policy requirements, wearing masks

Kathy Bowald
 Person in Charge (Signature)

Jul 9, 2020
 Date

Paul Miller (Signature) EH

Follow-up: Yes No (Check one)

Follow-up Date: _____

Food Establishment Inspection Report

Establishment: The Flying Spatula

Establishment #: 20 148

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|--|
| | Please correct any core (C) violations noted above ASAP but at least by next routine inspection |
| | Please go to our website to view/print the WCHD Connection quarterly newsletter and other food safety information |
| | Facility is still classified as a Category I food establishment |
| | The person-in-charge must have CFPM certification and be on the premises during all hours of operation |
| | Allergy awareness training certification is required as of July 1, 2018 for all certified food protection managers |
| | Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (concessions, grill, barbeque, steak-fry, cook-out, etc.), a temporary food/drink permit must be applied for & approved by WCHD. |
| | WCHD provides free food safety in-services to establishments & their staff |
| | Next certified food protection manager 8-hour class & exam offered @ WCHD: Fall 2020 |
| | Food handler certification is required for all food employees who do not already have CFPM or IL FSSMC certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required 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 and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances & exits; no vaping or e-cigarette use in food & drink prep area, dishwashing area, and storage area; no smoking within building structure. |
| | This facility offers Meals-On-Wheels for residents of several communities in Woodford County, Tazewell County, and also catering. |
| | Please follow all current COVID-19 guidelines and recommendations - wear masks, social distancing, employee health, etc. |
| | All food employees wearing masks and/or social distancing at time of inspection. |
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Kathy Boward
Person in Charge (Signature)

Jul 9, 2020
Date

Paul Walker
Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____