

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 Woody's Family Restaurant		License/Permit #	0	Time In	9:15 AM
Street Address 1311 N. Carolyn Drive #A		Permit Holder	Risk Category		
City/State Minonk, IL		ZIP Code	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	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	In	Proper hot holding temperatures	
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	Out	Toxic substances properly identified, stored, and used	X
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		In-use utensils: properly stored	
31		Water and ice from approved source		44		Utensils, equipment & linens: properly stored, dried, & handled	
32		Variance obtained for specialized processing methods		45		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	X	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	X	Contamination prevented during food preparation, storage and display	X	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: Woody's Family Restaurant

Establishment #: 20 071

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Chlorine/Quaternary ammonium

PPM: 25-49/200

Heat: N/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp		Item/Location	Temp	
Sausage gravy/steam table	137		Pasta/RIC	40	Shredded turkey/WIC
Mashed potatoes/steam table	135		Diced ham/RIC	41	Mostaccioli/WIC
Brown gravy/steam table	138		Cole slaw/RIC	41	Sliced ham/WIC
Pepper gravy/steam table	138		Shredded cheese/RIC	41	Sliced turkey/WIC
Yellow gravy/steam table	137		Diced tomatoes/RIC	40	Sour cream/RIC
Green beans/steam table	140		Sliced cheese/RIC	41	Milk/RIC
Meat spaghetti sauce/steam table	139		Sliced tomatoes/RIC	41	Milk/Milk cooler
			Milk/WIC	40	Gyro sauce/RIC
			Macaroni pasta/WIC	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 female person-in-charge did not ensure that food placed into appropriate storage locations are protected from contamination and priority violation (#28) 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.
28	7-207.11 (P) Observed in storage room partially-full bottle of Dollar General stomach relief medicine stored on top of closed Crisco vegetable shortening container. Medicines that are in a food establishment for the employees' use must be labeled as as specified under 7-101.11 and located to prevent the contamination of food, equipment, utensils, linens, and single-service and single-use articles. Bottle of medicine removed to separate bottom shelf in storage room during inspection.
37	3-302.12 (C) Observed in kitchen along food cook line squeeze container of clear liquid food substance without name identifying contents on container. Clear liquid food substance was water, according to male person-in-charge and labeled by person-in-charge during inspection.
37	3-307.11 (C) Observed in storage room plastic container of glitter stored on shelf above rice bin. Food shall be protected from contamination. Plastic container of glitter removed to separate bottom shelf in storage room during inspection.
37	3-302.12 (C) Observed in kitchen dry white substance in rolling storage bin without name identifying contents on container. Identify food storage containers with common name of the food. Dry white food substance was flour, according to male food employee, and labeled by male food employee during inspection.

CFPM Verification (name, expiration date, ID#): Cynthia Triplett

Cynthia Triplett 21487685 - NRFSP Exp. 7/2023	Vicki Kuntz L2SC-017202 - Learn 2 Serve Exp. 5/2024	Amber Stufflebeam 21321963 - NRFSP Exp. 3/2022	
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HACCP Topic: TCS food temperature requirements, employee health policy requirements, wearing masks

Person in Charge (Signature) _____ Date Jul 6, 2020

Inspector (Signature) _____

Follow-up: Yes No (Check one)

Follow-up Date: _____

