

Food Establishment Inspection Report

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|---|------------------------------|---|----------------|----------|
| Rock Island County Health Department 2112 25th Avenue Rock Island, IL 61201 | Establishment: Email: | Number of Risk Factor/ Intervention Violations | Date: | |
| | | Number of Repeat Risk Factor/ Intervention Violations | Time IN | Time OUT |
| Address: | | City: | Zip Code: | |
| Permit Holder: | | Purpose of Inspection: | Risk Category: | |

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 the 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 |
|---|-------------------|--|---|
| Supervision | | | |
| 1 | IN OUT N/A | Person in charge present, demonstrates knowledge, and performs duties. | |
| 2 | IN OUT N/A | Certified Food Protection Manager (CFPM). | |
| Employee Health | | | |
| 3 | IN OUT | Management, food employee, and conditional employee; knowledge, responsibilities, and reporting. | |
| 4 | IN OUT | Proper use of restriction and exclusion. | |
| 5 | IN OUT | Procedures for responding to vomiting and diarrheal events. | |
| Good Hygienic Practices | | | |
| 6 | IN OUT N/O | Proper eating, tasting, drinking, or tobacco product use. | |
| 7 | IN OUT N/O | No discharge from eyes, nose, and mouth. | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT N/O | Hands clean and properly washed. | |
| 9 | IN OUT N/A N/O | No bare-hand contact with RTE food or a pre-approved alternative procedure properly allowed. | |
| 10 | IN OUT | Adequate handwashing sinks are properly supplied and accessible. | |
| Approved Source | | | |
| 11 | IN OUT | Food obtained from an approved source. | |
| 12 | IN OUT N/A N/O | Food received at the proper temperature. | |
| 13 | IN OUT | Food in good condition, safe, and unadulterated. | |
| 14 | IN OUT N/A N/O | Required records available: molluscan shellfish identification, and parasite destruction. | |
| 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 | COS: Corrected on-site for COS and/or R |
| | | | 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. | | |
| 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) _____ Date: _____

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

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Establishment: _____

City: _____

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: _____

PPM: _____

Heat: _____

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|---------------|------|---------------|------|
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NOTES

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

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|--|--|--|--|

HACCP Topic:

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. |
|-------------|---|
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| | |

Person in Charge (Signature) _____ Date: _____

P = Priority Violation (3 Days) PF = Priority Foundation (10 Days) C = Core Violations (30 Days/NRI)

Inspector Initials: _____

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Establishment:

City :

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