

Food Establishment Inspection Report

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Rock Island County Health Department 2112 25th Avenue Rock Island, IL 61201	Establishment:	Number of Risk Factor/ Intervention Violations	Date:	
	Email:	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		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
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.		COS: corrected on-site during inspection	
Public health interventions are control measures to prevent foodborne illness or injury.		R: repeat violation	

#	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.		

#	Compliance Status		COS	R
Protection from Contamination				
15	IN OUT N/A N/O	Food is separated and protected.		
16	IN OUT N/A	Food-contact surfaces; cleaned and sanitized.		
17	IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food.		
Time/Temperature Control for Safety				
18	IN OUT N/A N/O	Proper cooking time and temperatures.		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding.		
20	IN OUT N/A N/O	Proper cooling time and temperature.		
21	IN OUT N/A N/O	Proper hot holding temperatures.		
22	IN OUT N/A N/O	Proper cold holding temperatures.		
23	IN OUT N/A N/O	Proper date marking and disposition.		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures and records.		
Consumer Advisory				
25	IN OUT N/A	Consumer advisory is provided for raw/undercooked food.		
Highly Susceptible Populations				
26	IN OUT N/A	Pasteurized foods are used; prohibited foods are not offered.		
Food/Color Additives and Toxic Substances				
27	IN OUT N/A	Food additives: approved and properly used.		
28	IN OUT N/A	Toxic substances are properly identified, stored and used.		
Conformance with Approved Procedures				
29	IN OUT 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		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		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	

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.

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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