

# Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	No. of Risk Factor/Intervention Violations	2	Date	11/13/2015
	No. of Repeat Risk Factor/Intervention Violations	0	Time In	11:25 am
	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">           97            85.00         </div> Score (optional)		85.00	Time Out

Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544	Telephone (309) 778-2201
License/Permit # PT0000214	Permit Holder	Purpose of Inspection ROUTINE INSPECTION	Est. Type	Risk Category
<small>IN = IN COMPLIANCE OUT = OUT OF COMPLIANCE N/A = NOT APPLICABLE N/O = NOT OBSERVED COS = COMPLIED ON SITE RPT = REPEAT VIOLATION VD = VIOLATION DEGREE</small>				

### Foodborne Illness Risk Factors and Public Health Interventions

1	Compliance with Certified Manager Requirement <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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### Employee Health

2	Proper ill practices, no ill workers present <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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### Good Hygienic Practices

A	Good Hygienic Practices Total Points - 8 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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3	Gloves used properly <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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4	Proper eating, tasting, drinking, or tobacco use <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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5	Good Personal habits and cleanliness <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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### Preventing Contamination by Hands

B	Preventing Contamination by Hands - 9 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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6	Hands Clean and Properly Washed <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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7	No bare hand contact with RTE foods or approved alternate method properly followed <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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8	Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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### Approved Source

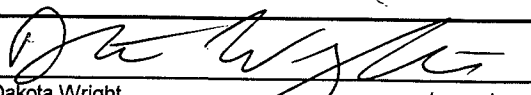
C	Approved Source - 9 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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9	Food obtained from approved source <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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10	Food received at proper temperature <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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11	Food in good condition, safe, & unadulterated <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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12	Required records available: shellstock tags <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Dakota Wright Inspector

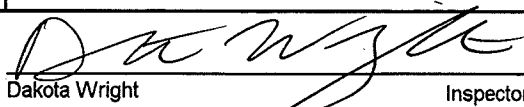
Critical Violation Form Return Date:

Follow-up: 02/11/2016

Date: 11/13/15



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Establishment SPOON RIVER VALLEY SCHOOL #4		Address 35265 N IL HWY 97	City/State LONDON MILLS, IL
			Zip Code 61544
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<b>Foodborne Illness Risk Factors and Public Health Interventions</b>			
25	Food Additives: approved and properly used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
26	Toxic substances properly identified, stored, and used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
<b>Conformance with Approved Procedures</b>			
27	Compliance with variance, specialized process, and HACCP plan <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
<b>Good Retail Practices</b>			
<b>Safe Food and Water</b>			
G	Safe Food and Water - 3 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
28	Egg and Egg products properly used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
29	Water and ice from approved source <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
30	Variance obtained for specialized processing methods <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
<b>Food Temperature Control</b>			
H	Food Temperature Control - 3 pts. <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	3.00	
31	Proper cooling methods used and adequate equipment for temperature control <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
32	Plant food properly cooked for hot holding <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
33	Approved thawing methods used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
34	Thermometers provided and accurate <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input checked="" type="checkbox"/> COS <input type="checkbox"/> RPT  <b>Violation Comments:</b> Provide accurate thermometers. One of the fridges had an inaccurate thermometer being used. Make sure that all your thermometers are properly working and accurate consistently	0.00	
<b>Food Identification</b>			
35	Food properly labeled; original container <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00	
<b>Prevention of Food Contamination</b>			
I	Prevention of Food Contamination - 3 pts. <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	3.00	
 Dakota Wright                      Inspector			

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### Good Retail Practices

36	Insects, rodents, and animals not present, and no unauthorized persons <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <b>Violation Comments:</b> Provide proper protection against outside pests. The caf doors had some gaps at the bottom where pests can get in. The caf doors could use some new weatherstripping in a few spots.	0.00
37	Contamination prevented during food preparation, storage, and display <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
38	Food products properly prepared and stored <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
39	Wiping cloths: properly used and stored <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
40	Washing fruits and vegetables <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

### Proper Use of Utensils

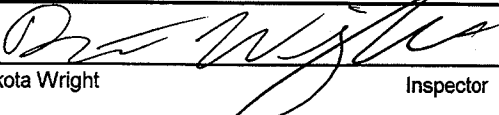
J	Proper Use of Utensils - 1 pt. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
41	In-use utensils: properly stored <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
42	Utensils, equipment and linens: properly stored, dried, and handled <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
43	Single-use and single service articles: properly stored and used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
44	Food contact surfaces clean <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

### Utensils, Equipment and Vending

K	Utensils, Equipment and Vending - 1 pt. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
45	Food and non-food contact surfaces cleanable, properly designed, constructed, and used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
46	Warewashing facilities: installed, maintained, and used; test strips <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
47	Non-food contact surfaces clean <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

### Physical Facilities

L	Physical Facilities - 3 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
48	Hot and cold water available; adequate pressure <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00



Dakota Wright
Inspector

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### Good Retail Practices

49	Plumbing installed; proper backflow device <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
50	Sewage and waste water properly disposed <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
51	Toilet facilities: properly constructed, supplied and cleaned <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
52	Garbage and refuse properly disposed; facilities maintained <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
53	Physical facilities installed, maintained, and clean <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
54	Adequate ventilation and lighting; designated areas used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

### Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location
Potatoes/Serving Line	140 F	Fridge/KWalk in	41 F	
Beans/Serving Line	150 F	Cold Hold/Kitchen	39 F	
Hot Hold/Kitchen	145 F	Freezers(2)/Kitchen	0 F	
Freezer/Walk in	0 F	Sloppy Joe meat/Serving Line	150 F	

### Certified Food Managers

No Certified Food Managers

#### Overall Inspection Comments:

No Overall Inspection Comments

Dakota Wright

Inspector

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