

# 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
	<i>87</i> Score (optional)		85.00	Time Out

Establishment	Address	City/State	Zip Code	Telephone
SPOON RIVER VALLEY SCHOOL #4	35265 N IL HWY 97	LONDON MILLS, IL	61544	(309) 778-2201
License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
PT0000214		ROUTINE INSPECTION		

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

### Foodborne Illness Risk Factors and Public Health Interventions

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

### Employee Health

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

### Good Hygienic Practices

A	Good Hygienic Practices Total Points - 8 pts.	0.00
<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		

3	Gloves used properly	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

4	Proper eating, tasting, drinking, or tobacco use	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

5	Good Personal habits and cleanliness	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

### Preventing Contamination by Hands

B	Preventing Contamination by Hands - 9 pts.	0.00
<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		

6	Hands Clean and Properly Washed	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

7	No bare hand contact with RTE foods or approved alternate method properly followed	0.00
<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		

8	Adequate handwashing facilities supplied & accessible	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

### Approved Source

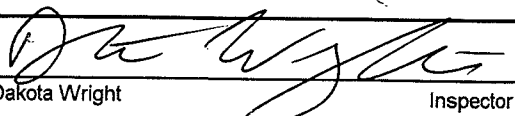
C	Approved Source - 9 pts.	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

9	Food obtained from approved source	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

10	Food received at proper temperature	0.00
<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		

11	Food in good condition, safe, & unadulterated	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

12	Required records available: shellstock tags	0.00
<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		



Dakota Wright
Inspector

Critical Violation Form Return Date:	Follow-up: 02/11/2016	Date: 11/13/15
--------------------------------------	-----------------------	----------------

# Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	License/Permit # PT0000214	Date 11/13/15
---	-------------------------------	------------------

Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544
---	------------------------------	--------------------------------	-------------------

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

## Foodborne Illness Risk Factors and Public Health Interventions

### Protection from Contamination

D	Protection from Contamination 9 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	9.00
---	---	------

13	Food separated & protected <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	0.00
----	--	------

**Violation Comments:**

Provide proper separation of foods. There were eggs being stored over veggies and other ready to eat food items. Make sure eggs are not being stored above any ready to eat food items.

14	Food-contact surfaces: cleaned & sanitized <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
----	---	------

15	Proper disposition of returned, previously served, reconditioned, & unsafe food <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
----	--	------

### Potentially Hazardous Food Time/Temperature

E	Potentially Hazardous Food Time/Temp - 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
---	--	------

16	Proper cooking time & temperatures <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
----	---	------

17	Proper reheating procedures for hot holding <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
----	--	------

18	Proper cooling time & temperatures <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
----	---	------

19	Proper hot holding temperatures <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
----	--	------

20	Proper cold holding temperatures <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
----	---	------

21	Proper date marking & disposition <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
----	--	------

22	Time as a public health control: procedures & records <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
----	--	------

### Consumer Advisory

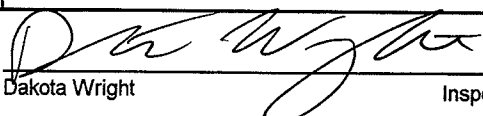
23	Consumer advisory provided for raw or undercooked foods <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
----	--	------

### Highly Susceptible Populations

24	Pasteurized foods used, prohibited foods not offered <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
----	---	------

### Chemical

F	Chemicals - 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
---	---	------

  
Dakota Wright Inspector

Critical Violation Form Return Date:	Follow-up: 02/11/2016	Date: 11/13/15
--------------------------------------	-----------------------	----------------

# Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	License/Permit # PT0000214	Date 11/13/15
---	-------------------------------	------------------

Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544
---	------------------------------	--------------------------------	-------------------

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

## Foodborne Illness Risk Factors and Public Health Interventions

25	Food Additives: approved and properly used ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
26	Toxic substances properly identified, stored, and used ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00

## Conformance with Approved Procedures

27	Compliance with variance, specialized process, and HACCP plan ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
----	---	------

## Good Retail Practices

### Safe Food and Water

G	Safe Food and Water - 3 pts. ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
28	Egg and Egg products properly used ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
29	Water and ice from approved source ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
30	Variance obtained for specialized processing methods ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00

## Food Temperature Control

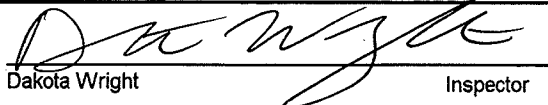
H	Food Temperature Control - 3 pts. □ IN ■ OUT □ N/A □ N/O □ COS □ RPT	3.00
31	Proper cooling methods used and adequate equipment for temperature control ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
32	Plant food properly cooked for hot holding ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
33	Approved thawing methods used ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
34	Thermometers provided and accurate □ IN ■ OUT □ N/A □ N/O ■ COS □ 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

## Food Identification

35	Food properly labeled; original container ■ IN □ OUT □ N/A □ N/O □ COS □ RPT	0.00
----	---	------

## Prevention of Food Contamination

I	Prevention of Food Contamination - 3 pts. □ IN ■ OUT □ N/A □ N/O □ COS □ RPT	3.00
---	---	------

  
Dakota Wright Inspector

Critical Violation Form Return Date:	Follow-up: 02/11/2016	Date: 11/13/15
--------------------------------------	-----------------------	----------------

# Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	License/Permit # PT0000214	Date 11/13/15
---	-------------------------------	------------------

<b>Establishment</b> SPOON RIVER VALLEY SCHOOL #4	<b>Address</b> 35265 N IL HWY 97	<b>City/State</b> LONDON MILLS, IL	<b>Zip Code</b> 61544
--	-------------------------------------	---------------------------------------	--------------------------

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

### 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

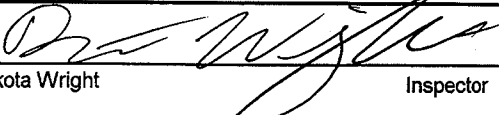
J	Proper Use of Utensils - 1 pt. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
41	In-use utensils: properly stored <input checked="" type="checkbox"/> IN <input 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

Critical Violation Form Return Date:	Follow-up: 02/11/2016	Date: 11/13/15
--------------------------------------	-----------------------	----------------

