

Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	No. of Risk Factor/Intervention Violations 0	0	Date <u>02/11/2016</u>
	No. of Repeat Risk Factor/Intervention Violations 0	0	Time In <u>11:15 am</u>
	Adj: 97 Score (optional)		96.00

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

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

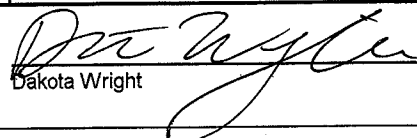
A	Good Hygienic Practices Total Points - 8 pts.	0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	
3	Gloves used properly	0.00
	<input checked="" type="checkbox"/> 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

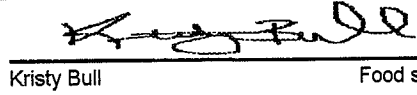
B	Preventing Contamination by Hands - 9 pts.	0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	
6	Hands Clean and Properly Washed	0.00
	<input checked="" type="checkbox"/> 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



 Kristy Bull Food service Director

Critical Violation Form Return Date:	Follow-up: 05/11/2016	Date: 02/11/16
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Foodborne Illness Risk Factors and Public Health Interventions

Protection from Contamination

D	Protection from Contamination 9 pts. ■ 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
13	Food separated & protected ■ 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
14	Food-contact surfaces: cleaned & sanitized ■ 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 ■ IN <input type="checkbox"/> OUT <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. ■ 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 ■ 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 ■ 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 ■ 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 ■ 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

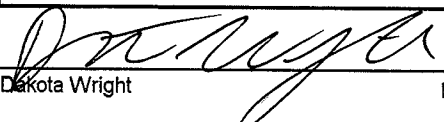
23	Consumer advisory provided for raw or undercooked foods ■ IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Highly Susceptible Populations

24	Pasteurized foods used, prohibited foods not offered ■ 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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Chemical

F	Chemicals - 9 pts. ■ 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
25	Food Additives: approved and properly used ■ 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 ■ IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00


Dakota Wright Inspector


Kristy Bull Food service Director

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Good Retail Practices

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
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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
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Proper Use of Utensils

J	Proper Use of Utensils - 1 pt. <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	1.00
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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
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42	Utensils, equipment and linens: properly stored, dried, and handled <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Comments: Provide proper storage of equipment. There was a mop in the elementary kitchen that was being stored in the dirty water while not in use. Make sure you hang this up or set it in the top part of the bucket to dry and not in the water.	0.00
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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Dorothy Wright
Dorothy Wright

Inspector

Kristy Bull
Kristy Bull

Food service Director

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Good Retail Practices

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

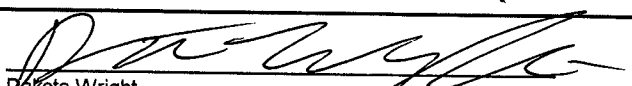
Item/Location	Temp	Item/Location	Temp	Item/Location
Freezer/Walk In	0 F	Pizza/Hot Hold	150 F	
Fruit/Cold Hold	40 F	Fridge/Walk IN	37 F	
Fridge/Kitchen	36 F	Caf Fridge/Cafateria	39 F	
Milk Fridge/Caf	41 F			

Certified Food Managers


No Certified Food Managers

Overall Inspection Comments:

Left HACCP #14 for proper food thawing.



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