

# Inspection Report

|   |   |        |                          |
|---|---|--------|--------------------------|
| Fulton County Health Department<br>700 E. Oak St.<br>Canton, IL 61520<br>(309) 647-1134 | No. of Risk Factor/Intervention Violations        | 0      | Date <u>09/23/2016</u>   |
|   | No. of Repeat Risk Factor/Intervention Violations | 0      | Time In <u>9:50 am</u>   |
|   | Score (optional)                                  | 100.00 | Time Out <u>10:30 am</u> |

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

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<br><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT | 0.00 |
|---|---|------|

#### Employee Health

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

#### Good Hygienic Practices

|   |  |      |
|---|--|------|
| A | Good Hygienic Practices Total Points - 8 pts.<br><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<br><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<br><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<br><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.<br><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<br><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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|   |   |      |
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| 7 | No bare hand contact with RTE foods or approved alternate method properly followed<br><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<br><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT | 0.00 |
|---|---|------|

#### Approved Source

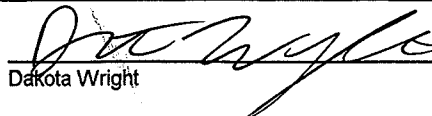
|   |   |      |
|---|---|------|
| C | Approved Source - 9 pts.<br><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT | 0.00 |
|---|---|------|

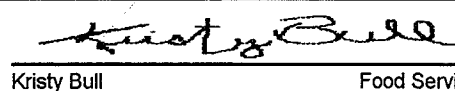
|   |  |      |
|---|--|------|
| 9 | Food obtained from approved source<br><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT | 0.00 |
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|    |  |      |
|----|--|------|
| 10 | Food received at proper temperature<br><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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|    |   |      |
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| 11 | Food in good condition, safe, & unadulterated<br><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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|    |  |      |
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| 12 | Required records available: shellstock tags<br><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

  
 Kristy Bull Food Service director

|                                      |            |                |
|--------------------------------------|------------|----------------|
| Critical Violation Form Return Date: | Follow-up: | Date: 09/23/16 |
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