

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## FOOD ESTABLISHMENT INSPECTION REPORT

Establishment <b>Farmersville Grade School</b>	Permit # <b>13894</b>	Date <b>5/2/19</b>	# of Risk Factors <b>0</b>
Address <b>407 Sedentop</b>	Time in <b>8:00am</b>	Risk <b>1</b>	# of Repeat Risk Factors <b>0</b>
City <b>Farmersville</b> State <b>IL</b> Zip <b>62533</b>	Time out <b>8:30am</b>	Permit Holder <b>Karen Nimmo</b>	

Purpose of Inspection (circle one) **Routine** Follow-up Pre-opening Complaint Educational Other

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		C	R	Compliance Status		C	R
<b>Demonstration of Knowledge</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			15	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
<b>Employee Health</b>				<b>Potentially Hazardous Food Time/Temperature</b>			
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			17	<input checked="" type="radio"/> IN <input type="radio"/> OUT		
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT			18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT			19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO		
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT			24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Approved Source</b>				<b>Chemical</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A		
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			<b>Approved Procedures</b>			
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> NO			27	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Approved Procedures</b>				28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
<b>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness and injury. Public Health Interventions are control measures to prevent foodborne illness or injury. Risk factors require immediate correction</b>				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		

### GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Compliance Status		C	R	Compliance Status		C	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	<input checked="" type="radio"/> IN <input type="radio"/> OUT			43	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			44	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			45	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT			46	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT			<b>Physical Facilities</b>			
35	<input checked="" type="radio"/> IN <input type="radio"/> OUT			47	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT			48	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Food Identification</b>				<b>Employee Training</b>			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT			49	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Prevention from Contamination</b>				50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT			51	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
39	<input checked="" type="radio"/> IN <input type="radio"/> OUT			52	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT			53	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT			54	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT			55	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>Compliant with the Smoke-Free Illinois Act?</b>				56	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
<b>YES</b> NO (circle one)				<b>Employee Training</b>			
				57	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
				58	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		

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### WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) <u>Private</u> Public	Wastewater Supply (circle one) <u>Private</u> Public
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### TEMPERATURE OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature
<u>corn dogs</u>	<u>-11 °F</u>	<u>turkey</u>	<u>37 °F</u>
<u>milk</u>	<u>34 °F</u>	<u>egg</u>	<u>0 °F</u>
	°F		°F
	°F		°F
	°F		°F

### SANITIZER OBSERVATIONS

Sanitizer	Concentration/ Temperature
<u>Quat</u>	<u>200 ppm</u> °F
<u>Temp</u>	<u>168</u> ppm / °F
	ppm / °F
	ppm / °F
	ppm / °F

### CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?	Original Copy Posted in Facility?
<u>Karen Nimmo</u>	<u>21255129</u>	<u>8/2/19</u>	<u>YES</u> NO	<u>YES</u> NO
			YES NO	YES NO
			YES NO	YES NO

HACCP TOPIC:

### ITEM OBSERVATIONS AND CORRECTIVE ACTIONS

Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)

Received by (Signature) <u>Karen M. Nimmo</u>	Received by (printed)	Title
Inspector (Signature) <u>Tasha King</u>	Follow-up required? YES <u>NO</u> (circle one)	Follow-up date: