

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## FOOD ESTABLISHMENT INSPECTION REPORT

Establishment <b>Fast Stop</b>	Permit # <b>28400</b>	Date <b>2/27/19</b>	# of Risk Factors <b>0</b>
Address <b>#4 Corvette Dr</b>	Time in <b>11:05am</b>	Risk <b>1</b>	# of Repeat Risk Factors <b>0</b>
City <b>Litchfield IL</b> State <b>IL</b> Zip <b>62056</b>	Time out <b>12:09pm</b>	Permit Holder <b>Peggy Lewis</b>	
Purpose of Inspection (circle one) <b>Routine</b> 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		
Person in charge present, demonstrates knowledge and duties				Food separated & protected			
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		
Certified Food Protection Manager Requirement Compliance				Food contact surfaces clean & sanitized			
<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		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned & unsafe food			
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		
Proper use of restriction and exclusion				Proper cooking time & temperature			
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 type="radio"/> NO		
Proceedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
<b>Good Hygienic Practices</b>				<b>Chemical</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 type="radio"/> NO		
Proper eating, tasting, drinking, tobacco use				Proper cooling time & temperature			
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> NO			21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No discharge from eyes, nose, and mouth				Proper hot holding temperature			
<b>Preventing Contamination by Hands</b>				<b>Approved Procedures</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		
Hands clean, handwashing procedures				Proper cold holding temperature			
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
No bare hand contact with RTE foods or alternative procedure				Proper date marking & disposition of PHF			
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		
Adequate handwashing facilities supplied & accessible				Time as a public health control: approved procedure & records			
<b>Approved Source</b>				<b>Consumer Advisory</b>			
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			25	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
Food obtained from approved source				Consumer advisory provided for raw or undercooked foods			
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			<b>Highly Susceptible Populations</b>			
Food received at proper temperature				26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper foods used for susceptible populations			
Food in good condition, safe, unadulterated				<b>Chemical</b>			
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input 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		
Required records available; shellstock tags, parasite destruction				Food additives: approved and properly used			
<b>Risk Factors</b>				28	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
				Toxic items properly identified, stored & used			
<b>Approved Procedures</b>				29	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A		
				Compliance with variance, HACCP, special processes			

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

### 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		
Pasteurized eggs used where required				In-use utensils; properly stored			
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		
Water and ice from approved source				Utensils, equipment & linens; properly stored, washed, dried & handled			
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		
Variance obtained for specialized processing methods				Single-service articles: properly stored & used			
<b>Food Temperature Control</b>				46	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
33	<input checked="" type="radio"/> IN <input type="radio"/> OUT			Gloves used properly			
Proper cooling methods; adequate equipment for temperature control				<b>Utensils, Equipment and Vending</b>			
34	<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		
Plant food properly cooked for hot holding				Food and Non-food contact surfaces: constructed, installed, maintained			
35	<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		
Approved thawing methods				Warewashing facilities: installed, maintained & used; test strips			
36	<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		
Thermometers/gauges provided, used & accurate				Non-food contact surfaces clean			
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT			50	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
Food properly labeled; original container				Hot & cold water available, adequate pressure			
<b>Prevention from Contamination</b>				51	<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			Plumbing installed; proper backflow devices			
Insects/rodents/animals not present; unauthorized persons; openings				52	<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			Sewage & wastewater properly disposed			
Contamination prevented during food preparation, storage & display				53	<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			Toilet facilities constructed, supplied & cleaned, self-closing doors			
Personal cleanliness (presentation)				54	<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			Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used & stored				55	<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			Physical facilities properly installed, maintained & clean			
Fruits & vegetables properly washed before use				56	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
				Adequate ventilation & lighting; designated areas used			
<b>Employee Training</b>				<b>Employee Training</b>			
				57	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
				All food employees have food handler training within 30 days of hire			
				58	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO		
				Documentation of Allergen Awareness Training			

Compliant with the Smoke-Free Illinois Act?  YES  NO (circle one)

Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Fast Stop Permit# 28400 Date 2-27-19

WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) Private Public Wastewater Supply (circle one) Private Public

TEMPERATURE OBSERVATIONS

SANITIZER OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
turkey sub	38 °F	chicken livers	139 °F	529 ppm	ppm / °F
slappy joe	151 °F	polish sausage	145 °F		ppm / °F
chilly joe	147 °F	corn dogs	155 °F		ppm / °F
BBQ pork	153 °F	chicken legs	148 °F		ppm / °F
mini taco	1 °F	sausage	144 °F		ppm / °F

CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?	
Casey Beebe	21475291	6-11-23	<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)
45	single-service containers stored on floor	NRI
55	soil & debris buildup under fountain syrup racks	↓

Received by (Signature) [Signature] Received by (printed) \_\_\_\_\_ Title \_\_\_\_\_  
Inspector (Signature) [Signature] Follow-up required? YES NO (circle one) Follow-up date: \_\_\_\_\_