

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## Retail Food Sanitary Inspection Report

|  |   |                        |                                       |                                    |
|--|---|------------------------|---------------------------------------|------------------------------------|
| Establishment<br><b>Glenn Shoals</b>   | Permit#<br><b>28397</b>   | Date<br><b>4/10/17</b> | Grade<br><b>A</b>                     | Score (100 - demerits)<br><b>—</b> |
| Address<br><b>700 Glenn Shoals Dr.</b> | Establishment Code  | Risk<br><b>2</b>       | Time in<br><b>1:00 pm</b>             |                                    |
| City<br><b>Hillsboro</b>               | State<br><b>IL</b>  | Zip<br><b>62049</b>    | Phone Number<br><b>(217) 532-6542</b> | Time out<br><b>2:00 pm</b>         |
| Owner/Agent<br><b>Gafur Sadiku</b>     | Compliant with the Smoke-Free Illinois Act?<br><b>YES</b> NO (circle one) |                        |                                       |                                    |

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

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for C and/or R  
IN=in compliance OUT=out of compliance N/O=not observed N/A=not applicable C=corrected on-site during inspection R=repeat violation (2X demerits)

| Compliance Status                                 |  | C | R |
|---|--|---|---|
| <b>Demonstration of Knowledge 5 points</b>        |  |   |   |
| 1 <b>IN</b> OUT N/A                               | Compliance with Certified Manager Requirement          |   |   |
| <b>Employee Health 5 points</b>                   |  |   |   |
| 2 <b>IN</b> OUT                                   | Employee health policy and procedures                  |   |   |
| <b>Good Hygienic Practices 6 points</b>           |  |   |   |
| 3 <b>IN</b> OUT NA <b>NO</b>                      | Proper glove use                                       |   |   |
| 4 <b>IN</b> OUT <b>NO</b>                         | Proper eating, tasting, drinking, tobacco use          |   |   |
| 5 <b>IN</b> OUT <b>NO</b>                         | Personal hygiene and cleanliness                       |   |   |
| <b>Preventing Contamination by Hands 8 points</b> |  |   |   |
| 6 <b>IN</b> OUT <b>NO</b>                         | Hands clean, handwashing procedures                    |   |   |
| 7 <b>IN</b> OUT N/A <b>NO</b>                     | No bare hand contact with RTE foods                    |   |   |
| 8 <b>IN</b> OUT                                   | Adequate handwashing facilities supplied & accessible  |   |   |
| <b>Approved Source 5 points</b>                   |  |   |   |
| 9 <b>IN</b> OUT                                   | Food obtained from approved source                     |   |   |
| 10 <b>IN</b> OUT N/A <b>NO</b>                    | Food received at proper temperature                    |   |   |
| 11 <b>IN</b> OUT                                  | Food in good condition, safe, unadulterated            |   |   |
| 12 <b>IN</b> OUT N/A                              | Required records available; shellstock tags            |   |   |
| <b>Protection from Contamination 6 points</b>     |  |   |   |
| 13 <b>IN</b> OUT N/A                              | Food separated & protected                             |   |   |
| 14 <b>IN</b> OUT N/A                              | Food contact surfaces clean & sanitized                |   |   |
| 15 <b>IN</b> OUT                                  | No re-use of foods or single service previously served |   |   |

| Compliance Status   |   | C | R |
|---|---|---|---|
| <b>Potentially Hazardous Food Time/Temperature 9 points</b> |   |   |   |
| 16 <b>IN</b> OUT N/A <b>NO</b>                              | Proper cooking time & temperature                             |   |   |
| 17 <b>IN</b> OUT N/A <b>NO</b>                              | Proper reheating procedures for hot holding                   |   |   |
| 18 <b>IN</b> OUT N/A <b>NO</b>                              | Proper cooling time & temperature                             |   |   |
| 19 <b>IN</b> OUT N/A <b>NO</b>                              | Proper hot holding temperature                                |   |   |
| 20 <b>IN</b> OUT N/A  | Proper cold holding temperature                               |   |   |
| 21 <b>IN</b> OUT N/A <b>NO</b>                              | Proper date marking & disposition of PHF                      |   |   |
| 22 <b>IN</b> OUT <b>NO</b>                                  | Time as a public health control: approved procedure & records |   |   |
| <b>Consumer Advisory 3 points</b>                           |   |   |   |
| 23 <b>IN</b> OUT N/A  | Consumer advisory provided for raw or undercooked foods       |   |   |
| <b>Highly Susceptible Populations 5 points</b>              |   |   |   |
| 24 <b>IN</b> OUT N/A  | Proper foods used for susceptible populations                 |   |   |
| <b>Chemical 5 points</b>                                    |   |   |   |
| 25 <b>IN</b> OUT N/A <b>NO</b>                              | Sanitizing solutions in excess of allowable limits            |   |   |
| 26 <b>IN</b> OUT  | Toxic items properly identified, stored & used                |   |   |
| <b>Approved Procedures 3 points</b>                         |   |   |   |
| 27 <b>IN</b> OUT N/A  | Compliance with variance, HACCP, policy                       |   |   |

Risk factors are improper 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. Greater weight is given to these violations.

### GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Good Retail Practices and Standard Operating Procedures are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.  
Mark "X" in appropriate box for C and/or R C=corrected on-site during inspection R=repeat violation (2X demerits)

| Pts                                     |   | C | R |
|---|---|---|---|
| <b>Safe Water &amp; Sewage Disposal</b> |   |   |   |
| 28 3                                    | Water & ice from approved source                                |   |   |
| 29 3                                    | Plumbing installed; backflow protection                         |   |   |
| 30 3                                    | Sewage & wastewater disposal                                    |   |   |
| <b>Food Equipment</b>                   |   |   |   |
| 31 1                                    | Facilities to maintain product temperature                      |   |   |
| 32 2                                    | Approved thawing methods  |   |   |
| 33 1                                    | Thermometers/gauges provided, used & accurate                   |   |   |
| <b>Food Identification</b>              |   |   |   |
| 34 1                                    | Food properly labeled; original container                       |   |   |
| <b>Prevention from Contamination</b>    |   |   |   |
| 35 3                                    | Insects/rodents/animals present; unauthorized persons; openings |   |   |
| 36 2                                    | Food protection during food preparation, storage & display      |   |   |
| 37 2                                    | Personal cleanliness (presentation)                             |   |   |
| 38 1                                    | Wiping cloths: properly used & stored                           |   |   |
| 39 1                                    | Fruits & vegetables properly washed before use                  |   |   |

| Pts                           |   | C | R |
|-------------------------------|---|---|---|
| <b>Proper Use of Utensils</b> |   |   |   |
| 40 1                          | In-use utensils; properly stored                                      |   |   |
| 41 1                          | Utensils, equipment & linens; properly stored, washed & handled       |   |   |
| 42 1                          | Single-service articles: storage & dispensing                         |   |   |
| 43 2                          | Food (ice) contact surfaces: constructed, installed, maintained       |   |   |
| 44 1                          | Non-food contact surfaces: constructed, installed, maintained         |   |   |
| 45 1                          | Warewashing facilities: installed, maintained & used; test strips     |   |   |
| 46 1                          | Non-food contact surfaces clean                                       |   |   |
| <b>Physical Facilities</b>    |   |   |   |
| 47 3                          | Hot & cold water available, adequate pressure                         |   |   |
| 48 1                          | Physical facilities clean   |   |   |
| 49 1                          | Cleaning equipment properly stored                                    |   |   |
| 50 1                          | Toilet facilities constructed, supplied & cleaned, self-closing doors |   |   |
| 51 1                          | Refuse properly disposed; facilities maintained                       |   |   |
| 52 1                          | Physical facilities properly installed & maintained                   |   |   |
| 53 1                          | Adequate ventilation & lighting; designated areas used                |   |   |

|  |  |                 |
|--|--|-----------------|
| Received by (Signature)<br><i>Gafur Sadiku</i> | Received by (printed)                                    | Title           |
| Inspector (Signature)<br><i>Mark King</i>      | Follow-up required?<br><b>YES</b> <b>NO</b> (circle one) | Follow-up date: |

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## Retail Food Sanitary Inspection Report - Page 2

| Establishment <b>Glenn Shoals Marina</b> |             | Permit# <b>28397</b> |             | Date <b>4/10/17</b>    |                               |
|--|-------------|----------------------|-------------|------------------------|-------------------------------|
| TEMPERATURE OBSERVATIONS                 |             |                      |             | SANITIZER OBSERVATIONS |                               |
| Item/Location                            | Temperature | Item/Location        | Temperature | Sanitizer              | Concentration/<br>Temperature |
|  | °F          | upright freezer      | -3 °F       | NOT setup              | ppm / °F                      |
|  | °F          | chest freezer        | -7 °F       |                        | ppm / °F                      |
|  | °F          | hot point freezer    | -5 °F       |                        | ppm / °F                      |
|  | °F          | pepsi cooler         | 35 °F       |                        | ppm / °F                      |
|  | °F          |                      | °F          |                        | ppm / °F                      |

| MANAGER CERTIFICATION REQUIREMENT |                               |                 |                            |      |                                   |
|-----------------------------------|-------------------------------|-----------------|----------------------------|------|-----------------------------------|
| Manager Name                      | Illinois Certification Number | Expiration Date | Present During Inspection? |      | Original Copy Posted in Facility? |
| Fatos Sadiku                      |                               |                 | YES                        | NO   | YES NO                            |
| Arben Sadiku                      | 01611069                      | 6-25-18         | YES                        | (NO) | (YES) NO                          |
|                                   |                               |                 | YES                        | NO   | YES NO                            |
|                                   |                               |                 | YES                        | NO   | YES NO                            |
|                                   |                               |                 | YES                        | NO   | YES NO                            |
|                                   |                               |                 | YES                        | NO   | YES NO                            |

| ITEM OBSERVATIONS AND CORRECTIVE ACTIONS |   |   |
|--|---|---|
| Item #                                   | Explanation of Violation and Recommendations for Correction | Correct By<br>(NRI = Next Routine Inspection) |
| *  | ready to open on 4/10/17                                    |   |
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Received by (Signature) Arben Sadiku Inspector (Signature) Mark King