

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Hillsboro Jr. High School	Permit # 13879	Date 3/14/19	# of Risk Factors 0
Address 909 Bountree	Time in 10:25am	Risk 1	# of Repeat Risk Factors 0
City Hillsboro State IL Zip 62049	Time out 11:30am	Permit Holder Delva Gifford	

Purpose of Inspection (circle one) **Routine** Follow-up Pre-opening 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
IN=in compliance OUT=out of compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for C and/or R

C=corrected on-site during inspection R=repeat violation (2X demerits)

Compliance Status	C	R	Description
Demonstration of Knowledge			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Person in charge present, demonstrates knowledge and duties
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Certified Food Protection Manager Requirement Compliance
Employee Health			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Management, food employee and conditional employee; knowledge, responsibilities and reporting
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper use of restriction and exclusion
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Procedures for responding to vomiting and diarrheal events
Good Hygienic Practices			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			Proper eating, tasting, drinking, tobacco use
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			No discharge from eyes, nose, and mouth
Preventing Contamination by Hands			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			Hands clean, handwashing procedures
9 <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
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing facilities supplied & accessible
Approved Source			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Food received at proper temperature
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, unadulterated
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Required records available; shellstock tags, parasite destruction

Compliance Status	C	R	Description
Protection from Contamination			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food separated & protected
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food contact surfaces clean & sanitized
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper disposition of returned, previously served, reconditioned & unsafe food
Potentially Hazardous Food Time/Temperature			
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper cooking time & temperature
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper reheating procedures for hot holding
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper cooling time & temperature
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper hot holding temperature
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper cold holding temperature
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper date marking & disposition of PHF
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Time as a public health control: approved procedure & records
Consumer Advisory			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper foods used for susceptible populations
Chemical			
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food additives: approved and properly used
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Toxic items properly identified, stored & used
Approved Procedures			
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

Good Retail Practices are preventable measures to control addition of pathogens, chemicals, and physical objects into food.

Mark "X" in appropriate box for C and/or R

Mark "X" in box if numbered item IS NOT in compliance

C=corrected on-site during inspection R=repeat violation

Compliance Status	C	R	Description
Safe Food and Water			
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Pasteurized eggs used where required
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Water and ice from approved source
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Variance obtained for specialized processing methods
Food Temperature Control			
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Proper cooling methods; adequate equipment for temperature control
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Plant food properly cooked for hot holding
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Approved thawing methods
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Thermometers/gauges provided, used & accurate
Food Identification			
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food properly labeled; original container
Prevention from Contamination			
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Insects/rodents/animals not present; unauthorized persons; openings
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Contamination prevented during food preparation, storage & display
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Personal cleanliness (presentation)
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Wiping cloths: properly used & stored
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Fruits & vegetables properly washed before use

Compliance Status	C	R	Description
Proper Use of Utensils			
43 <input checked="" type="radio"/> IN <input type="radio"/> OUT			In-use utensils; properly stored
44 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Utensils, equipment & linens; properly stored, washed, dried & handled
45 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Single-service articles: properly stored & used
46 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Gloves used properly
Utensils, Equipment and Vending			
47 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food and Non-food contact surfaces: constructed, installed, maintained
48 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Warewashing facilities: installed, maintained & used; test strips
49 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Non-food contact surfaces clean
Physical Facilities			
50 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Hot & cold water available, adequate pressure
51 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Plumbing installed; proper backflow devices
52 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Sewage & wastewater properly disposed
53 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Toilet facilities constructed, supplied & cleaned, self-closing doors
54 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Garbage & refuse properly disposed; facilities maintained
55 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Physical facilities properly installed, maintained & clean
56 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate ventilation & lighting; designated areas used
Employee Training			
57 <input checked="" type="radio"/> IN <input type="radio"/> OUT			All food employees have food handler training within 30 days of hire
58 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Documentation of Allergen Awareness Training

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

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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment <u>Hillsboro Jr. High School</u>	Permit# <u>13879</u>	Date <u>5/14/19</u>
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WATER AND WASTEWATER OBSERVATIONS

Water supply (circle one) Private <input type="radio"/> Public <input checked="" type="radio"/>	Wastewater Supply (circle one) Private <input type="radio"/> Public <input checked="" type="radio"/>
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TEMPERATURE OBSERVATIONS

SANITIZER OBSERVATIONS

Item/Location	Temperature	Item/Location	Temperature	Sanitizer	Concentration/ Temperature
<u>Cheese sauce</u>	<u>155 °F</u>	<u>pizza</u>	<u>-6 °F</u>	<u>Chlorine</u>	<u>50 ppm °F</u>
<u>watermelon</u>	<u>40 °F</u>	<u>apple juice</u>	<u>38 °F</u>	<u>Chlorine</u>	<u>50 ppm °F</u>
<u>tator tots</u>	<u>150 °F</u>	<u>milk</u>	<u>38 °F</u>		ppm / °F
	°F	<u>milk</u>	<u>40 °F</u>		ppm / °F
	°F		°F		ppm / °F

CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION REQUIREMENT

Manager Name	Certification Number	Expiration Date	Present During Inspection?		Original Copy Posted in Facility?	
<u>Delva Gifford</u>	<u>21552519</u>	<u>2-23-24</u>	YES	NO	YES	NO
			YES <input checked="" type="radio"/>	NO	YES <input checked="" type="radio"/>	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>Delva Gifford</u>	Received by (printed)	Title
Inspector (Signature) <u>Mark King</u>	Follow-up required? YES <input type="radio"/> NO <input checked="" type="radio"/> (circle one)	Follow-up date: