

Montgomery County Health Department

11191 Illinois Route 185
Hillsboro IL 62049

Division of Environmental Health
(217) 532-2001

FOOD ESTABLISHMENT INSPECTION REPORT

Establishment Heritage Health	Permit # 28470	Date 6/5/19	# of Risk Factors 0
Address 628 Illinois Ave	Time in 10:00am	Risk 1	# of Repeat Risk Factors 0
City Litchfield State IL Zip 62856	Time out 10:50am	Permit Holder Maggie Martin	
Purpose of Inspection (circle one) <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Pre-opening <input type="radio"/> Complaint <input type="radio"/> Educational <input type="radio"/> 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 type="radio"/> NO			Required records available; shellstock tags, parasite destruction
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 checked="" 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 box if numbered item IS NOT in compliance

Mark "X" in appropriate box for C and/or R
 C=corrected on-site during inspection R=repeat violation

Compliance Status	C	R	Description
Safe Food and Water			
30 <input type="checkbox"/>			Pasteurized eggs used where required
31 <input type="checkbox"/>			Water and ice from approved source
32 <input type="checkbox"/>			Variance obtained for specialized processing methods
Food Temperature Control			
33 <input type="checkbox"/>			Proper cooling methods; adequate equipment for temperature control
34 <input type="checkbox"/>			Plant food properly cooked for hot holding
35 <input type="checkbox"/>			Approved thawing methods
36 <input type="checkbox"/>			Thermometers/gauges provided, used & accurate
Food Identification			
37 <input type="checkbox"/>			Food properly labeled; original container
Prevention from Contamination			
38 <input type="checkbox"/>			Insects/rodents/animals not present; unauthorized persons; openings
39 <input type="checkbox"/>			Contamination prevented during food preparation, storage & display
40 <input type="checkbox"/>			Personal cleanliness (presentation)
41 <input type="checkbox"/>			Wiping cloths: properly used & stored
42 <input type="checkbox"/>			Fruits & vegetables properly washed before use
Proper Use of Utensils			
43 <input type="checkbox"/>			In-use utensils; properly stored
44 <input type="checkbox"/>			Utensils, equipment & linens; properly stored, washed, dried & handled
45 <input type="checkbox"/>			Single-service articles: properly stored & used
46 <input type="checkbox"/>			Gloves used properly
Utensils, Equipment and Vending			
47 <input type="checkbox"/>			Food and Non-food contact surfaces: constructed, installed, maintained
48 <input type="checkbox"/>			Warewashing facilities: installed, maintained & used; test strips
49 <input type="checkbox"/>			Non-food contact surfaces clean
Physical Facilities			
50 <input type="checkbox"/>			Hot & cold water available, adequate pressure
51 <input type="checkbox"/>			Plumbing installed; proper backflow devices
52 <input type="checkbox"/>			Sewage & wastewater properly disposed
53 <input type="checkbox"/>			Toilet facilities constructed, supplied & cleaned, self-closing doors
54 <input type="checkbox"/>			Garbage & refuse properly disposed; facilities maintained
55 <input type="checkbox"/>			Physical facilities properly installed, maintained & clean
56 <input type="checkbox"/>			Adequate ventilation & lighting; designated areas used
Employee Training			
57 <input type="checkbox"/>			All food employees have food handler training within 30 days of hire
58 <input type="checkbox"/>			Documentation of Allergen Awareness Training

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

