

Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	No. of Risk Factor/Intervention Violations	0	Date <u>10/24/2018</u>
	No. of Repeat Risk Factor/Intervention Violations	0	Time In <u>10:20 am</u>
			Time Out <u>11:15 am</u>

Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544	Telephone (309) 778-2201
License/Permit # PT0000214	Permit Holder	Purpose of Inspection ROUTINE INSPECTION	Est. Type	Risk Category

IN = IN COMPLIANCE OUT = OUT OF COMPLIANCE N/A = NOT APPLICABLE N/O = NOT OBSERVED COS = COMPLIED ON SITE RPT = REPEAT VIOLATION VD = VIOLATION DEGREE

Foodborne Illness Risk Factors and Public Health Interventions

1	Person in Charge present, demonstrates knowledge, and performs duties <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
2	Certified Food Protection Manager (CFPM) <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00

Employee Health

3	Management, food employee and conditional employee; knowledge, responsibilities and reporting <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
4	Proper use of restriction and exclusion <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
5	Procedures for responding to vomiting and diarrheal events <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD Violation Comments: Facility has their vomit cleanup kit.	0.00

Good Hygienic Practices

6	Proper eating, tasting, drinking, or tobacco use <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
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Preventing Contamination by Hands

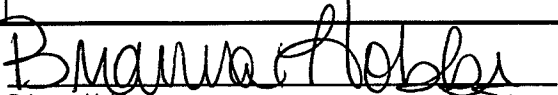
8	Hands Clean and Properly Washed <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
9	No bare hand contact with RTE foods or a pre-approved alternative procedure properly allowed <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
10	Adequate handwashing facilities supplied & accessible <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00

Approved Source

11	Food obtained from approved source <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
12	Food received at proper temperature <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
13	Food in good condition, safe, & unadulterated <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
14	Required records available: shellstock tags, parasite destruction <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00

Protection from Contamination

15	Food separated & protected <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
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Brianna Hobbs Inspector

Critical Violation Form Return Date:	Follow-up:	Date: 10/24/18
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Good Retail Practices

49	Non-food contact surfaces clean <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD Violation Comments: Make sure all fans including the fans in the walk in coolers are cleaned regularly to prevent the accumulation of dust.	0.00
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Physical Facilities

50	Hot and cold water available; adequate pressure <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
51	Plumbing installed; proper backflow device <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
52	Sewage and waste water properly disposed <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
53	Toilet facilities: properly constructed, supplied and cleaned <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
54	Garbage and refuse properly disposed; facilities maintained <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
55	Physical facilities installed, maintained, and clean <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
56	Adequate ventilation and lighting; designated areas used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00

Employee Training

57	All food employees have food handler training <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00
58	Allergen training as required <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT <input checked="" type="checkbox"/> VD	0.00

Temperature Observations

Item/Location	Temp	Item/Location	Temp	
Air/High school milk cooler	41 F	Air/Silver fridge	36 F	
Air/Elementary school cooler	39 F	Broccoli/Just cooked	160 F	
Air/Walk in cooler	41 F	Salisbury steak/Just cooked	197 F	
Air/Elementary school milk cooler (R)	31 F	Gravy/Just cooked	160 F	
Broccoli/Holding in warmer	138 F	Mashed potatoes/Just cooked	167 F	
Air/Elementary school milk cooler (L)	31 F	Chicken nuggets/Just cooked	205 F	

Certified Food Managers

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_____ Brianna Hobbs	Inspector	
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Certificate</th> <th style="width: 25%;">Expiration</th> <th style="width: 25%;">Name</th> </tr> </thead> <tbody> <tr> <td>Reeder, Marie</td> <td>01644296</td> <td>7/7/2019 12:00:00AM</td> <td></td> </tr> <tr> <td>Quick, Nancy</td> <td>01640273</td> <td>5/31/2019 12:00:00A</td> <td></td> </tr> <tr> <td>Ellsworth, Lori</td> <td>01439547</td> <td>9/25/2018 12:00:00A</td> <td></td> </tr> <tr> <td>Bull, Kristy</td> <td>01611341</td> <td>6/27/2018 12:00:00A</td> <td></td> </tr> <tr> <td>Lockhart, Stephanie</td> <td>174726</td> <td>6/13/2022 12:00:00A</td> <td></td> </tr> </tbody> </table>	Name	Certificate	Expiration	Name	Reeder, Marie	01644296	7/7/2019 12:00:00AM		Quick, Nancy	01640273	5/31/2019 12:00:00A		Ellsworth, Lori	01439547	9/25/2018 12:00:00A		Bull, Kristy	01611341	6/27/2018 12:00:00A		Lockhart, Stephanie	174726	6/13/2022 12:00:00A				
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Overall Inspection Comments: HACCP #17			
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 Brianna Hobbs

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