

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>02/14/2018</u>
	No. of Repeat Risk Factor/Intervention Violations	0	Time In <u>9:50 am</u>
	Score (optional)	99.00	Time Out <u>10:55 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

	Supervision- 4 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
1	Person in Charge present, demonstrates knowledge, and performs duties <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
2	Certified Food Protection Manager (CFPM) <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Employee Health

	Employee Health- 9 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
4	Proper use of restriction and exclusion <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
5	Procedures for responding to vomiting and diarrheal events <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Good Hygienic Practices

	Good Hygienic Practices- 8 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
6	Proper eating, tasting, drinking, or tobacco use <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Preventing Contamination by Hands

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

Approved Source

	Approved Source - 9 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
11	Food obtained from approved source <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Brianna Hobbs
 Brianna Hobbs Inspector

Critical Violation Form Return Date:	Follow-up: 05/15/2018	Date: 02/14/18
--------------------------------------	-----------------------	----------------

Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	License/Permit # PT0000214	Date 02/14/18
---	-------------------------------	------------------

Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544
--	-------------------------------------	---------------------------------------	--------------------------

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

Good Retail Practices

Prevention of Food Contamination

	Prevention of Food Contamination- 3 pts		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
38	Insects, rodents, & animals present		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
39	Contamination prevented during food preparation, storage, and display		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
40	Personal cleanliness		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
41	Wiping cloths: properly used and stored		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
42	Washing fruits and vegetables		0.00
	<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		

Proper Use of Utensils

	Proper Use of Utensils - 1 pt		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
43	In-use utensils: properly stored		0.00
	<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		
44	Utensils, equipment and linens: properly stored, dried, and handled		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
45	Single-use/single service articles: properly stored and used		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
46	Gloves used properly		0.00
	<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		

Utensils, Equipment and Vending

	Utensils, Equipment and Vending - 1 pt		1.00
	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		0.00
	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
	Violation Comments: 4-101.19 - Non-food contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. (C) Stand mixer in the kitchen in the high school has chipping paint, either repaint or replace to avoid contamination of food by paint chips.		
48	Warewashing facilities: installed, maintained, and used; test strips		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
49	Non-food contact surfaces clean		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		

Brianna Hobbs

Inspector

Critical Violation Form Return Date:

Follow-up: 05/15/2018

Date: 02/14/18

Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134		License/Permit # PT0000214	Date 02/14/18
Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544

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

Good Retail Practices

Physical Facilities

Physical Facilities - 3 pts.		0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
50	Hot and cold water available; adequate pressure	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
51	Plumbing installed; proper backflow device	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
52	Sewage and waste water properly disposed	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
53	Toilet facilities: properly constructed, supplied and cleaned	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
54	Garbage and refuse properly disposed; facilities maintained	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
55	Physical facilities installed, maintained, and clean	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		
56	Adequate ventilation and lighting; designated areas used	0.00
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> RPT		

Employee Training

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

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location
Orange slices/Walk in cooler	39 F	Baked beans/Just pulled from oven	162 F	
Air/Grade school cooler	40 F	Taco meat/Just pulled from oven	190 F	
Air/Milk cooler	41 F	Air/Walk in cooler	41 F	
Air/Triple door cooler	32 F	Air/Juice cooler	39 F	

Certified Food Managers

Brianna Hobbs

Inspector

Critical Violation Form Return Date:

Follow-up: 05/15/2018

Date: 02/14/18

Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134		License/Permit # PT0000214	Date 02/14/18																																														
Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 25%;">Certificate</th> <th style="width: 25%;">Expiration</th> </tr> </thead> <tbody> <tr> <td>Sharp, Victoria</td> <td>01533281</td> <td>6/14/2016 12:00:00A</td> </tr> <tr> <td>Wilcoxon, Karen</td> <td>01308920</td> <td>11/17/2019 12:00:00A</td> </tr> <tr> <td>Reeder, Marie</td> <td>01644296</td> <td>7/7/2019 12:00:00AM</td> </tr> <tr> <td>Quick, Nancy</td> <td>01640273</td> <td>5/31/2019 12:00:00A</td> </tr> <tr> <td>Ellsworth, Lori</td> <td>01439547</td> <td>9/25/2018 12:00:00A</td> </tr> <tr> <td>Utsinger, Linda</td> <td>01025716</td> <td>11/26/2016 12:00:00A</td> </tr> <tr> <td>Bull, Kristy</td> <td>01611341</td> <td>6/27/2018 12:00:00A</td> </tr> <tr> <td>Lockhart, Stephanie</td> <td>174726</td> <td>6/13/2022 12:00:00A</td> </tr> </tbody> </table>	Name	Certificate	Expiration	Sharp, Victoria	01533281	6/14/2016 12:00:00A	Wilcoxon, Karen	01308920	11/17/2019 12:00:00A	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	Utsinger, Linda	01025716	11/26/2016 12:00:00A	Bull, Kristy	01611341	6/27/2018 12:00:00A	Lockhart, Stephanie	174726	6/13/2022 12:00:00A	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 25%;">Certificate</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Certificate																			
Name	Certificate	Expiration																																															
Sharp, Victoria	01533281	6/14/2016 12:00:00A																																															
Wilcoxon, Karen	01308920	11/17/2019 12:00:00A																																															
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																																															
Utsinger, Linda	01025716	11/26/2016 12:00:00A																																															
Bull, Kristy	01611341	6/27/2018 12:00:00A																																															
Lockhart, Stephanie	174726	6/13/2022 12:00:00A																																															
Name	Certificate																																																
Overall Inspection Comments: HACCP #15																																																	
Brianna Hobbs		Inspector																																															
Critical Violation Form Return Date:	Follow-up: 05/15/2018	Date: 02/14/18																																															