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 COS and/or R
COS=Corrected on-site during inspection R=Repeat violation

**Supervision**

1. IN Person in charge present, demonstrates knowledge, and performs duties
2. IN Certified Food Protection Manager (CFPM)

**Employee Health**

3. IN Management, food employee and conditional employee; knowledge, responsibilities and reporting
4. IN Proper use of restriction and exclusion
5. IN Procedures for responding to vomiting and diarrheal events

**Good Hygienic Practices**

6. IN Proper eating, tasting, drinking, or tobacco use
7. IN No discharge from eyes, nose, and mouth

**Preventing Contamination by Hands**

8. IN Hands clean and properly washed
9. IN No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed
10. OUT Adequate handwashing sinks properly supplied and accessible

**Approved Source**

11. IN Food obtained from approved source
12. N/O Food received at proper temperature
13. IN Food in good condition, safe, and unadulterated
14. N/A Required records available: shellfish tags, parasite destruction

**Protection from Contamination**

15. IN Food separated and protected
16. IN Food-contact surfaces; cleaned and sanitized
17. IN Proper disposition of returned, previously served, reconditioned and unsafe food

**Time/Temperature Control for Safety**

18. IN Proper cooking time and temperatures
19. N/O Proper reheating procedures for hot holding
20. IN Proper cooling time and temperature
21. IN Proper hot holding temperatures
22. IN Proper cold holding temperatures
23. IN Proper date marking and disposal
24. N/A Time as a Public Health Control; procedures & records

**Consumer Advisory**

25. N/A Consumer advisory provided for raw/undercooked food

**Highly Susceptible Populations**

26. N/A Pasteurized foods used; prohibited foods not offered

**Food/Color Additives and Toxic Substances**

27. IN Food additives: approved and properly used
28. IN Toxic substances properly identified, stored, and used

**Conformance with Approved Procedures**

29. N/A Compliance with variance/specialized process/HACCP

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. COS=Corrected on-site during inspection R=Repeat violation

**Safe Food and Water**

30. COS P Pasteurized eggs used where required
31. COS P Water and ice from approved source
32. COS P Variance obtained for specialized processing methods

**Food Temperature Control**

33. COS P Proper cooling methods used; adequate equipment for temperature control
34. COS P Plant food properly cooked for hot holding
35. COS P Approved thawing methods used
36. COS P Thermometers provided & accurate

**Food Identification**

37. COS P Food properly labeled; original container

**Prevention of Food Contamination**

38. COS P Insects, rodents, and animals not present
39. COS P Contamination prevented during food preparation, storage and display
40. COS P Personal cleanliness
41. COS P Wiping cloths: properly used and stored
42. COS P Washing fruits and vegetables

**Proper Use of Utensils**

43. COS P In-use utensils: properly stored
44. COS P Utensils, equipment & Linens: properly stored, dried, & handled
45. COS P Single-use/single-service articles: properly stored and used
46. COS P Gloves used properly

**Utensils, Equipment and Vending**

47. COS X Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48. COS X Warewashing facilities: installed, maintained, & used; test strips
49. COS X Non-food contact surfaces clean

**Physical Facilities**

50. COS P Hot and cold water available; adequate pressure
51. COS P Plumbing Installed; proper backflow devices
52. COS P Sewage and waste water properly disposed
53. COS X Toilet facilities: properly constructed, supplied, & cleaned
54. COS X Garbage & refuse properly disposed; facilities maintained
55. COS X Physical facilities installed, maintained, and clean
56. COS P Adequate ventilation and lighting; designated areas used

**Employee Training**

57. COS P All food employees have food handler training
58. COS P Allergen training as required

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Local Health Department Name and Address
Woodford County Health Department
1831 S. Main Street, Eureka, IL 61530

Establishment
Eureka College Burgoo

License/Permit # 18 153

City/State
Eureka, IL

ZIP Code
61530

No. of Risk Factor/Intervention Violations
1

Date
10/09/2018

No. of Repeat Risk Factor/Intervention Violations
0

Time In
10:55 AM

Time Out
12:40 PM

Permit Holder
Sodexo America LLC/SodexoCampusServices

Risk Category
1

Purpose of Inspection
Routine Inspection

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.
**TEMPERATURE OBSERVATIONS**

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
<th>Item/Location</th>
<th>Temp</th>
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<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eggs/griddle</td>
<td>190</td>
<td>Milk/RIC</td>
<td>40</td>
<td>Deli sandwich/open RIC</td>
<td>41</td>
</tr>
<tr>
<td>Sausage/hot holding</td>
<td>178</td>
<td>Cut lettuce/RIC</td>
<td>39</td>
<td>Chef salad/open RIC</td>
<td>41</td>
</tr>
<tr>
<td>Hash browns/hot holding</td>
<td>170</td>
<td>Sliced tomatoes/RIC</td>
<td>40</td>
<td>Peeled hard-boiled eggs/WIC</td>
<td>40</td>
</tr>
<tr>
<td>Taco meat/steam unit</td>
<td>173</td>
<td>Sausage crumbles/RIC</td>
<td>40</td>
<td>Taco meat/WIC</td>
<td>38</td>
</tr>
<tr>
<td>Chicken tenders/fryer</td>
<td>202</td>
<td>Sliced turkey/RIC</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sliced ham/RIC</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sliced cheese/RIC</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diced chicken/RIC</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Egg salad/RIC</td>
<td>37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OBSERVATIONS AND CORRECTIVE ACTIONS**

10. 5-205.11 (Pf) Observed food employees place blender pitcher in the hand sink in the drink prep area for rinsing. Hand washing sinks must be used for hand washing only. Food employees instructed to use hand washing sink for hand washing only during inspection. Discussion occurred that food employees could use an alternate hand washing sink for hand washing which is located in food prep area & in close proximity to drink prep area and use current sink for drink prep.

47. 4-501.12 (C) Observed green cutting board in back food prep area with crevices and knife grooves in food-contact surface. Green cutting board removed from service and tagged for repair by male food manager during inspection.

49. 4-602.13 (C) Observed in WIC cooling fan grill cover (gray) soiled with accumulated dust and debris. Please correct this violation within 90 days or at least by next routine inspection.

55. 6-501.12 (C) Observed wall behind fryer and griddle soiled with accumulated grease drips. Please correct this violation within 90 days or at least by next routine inspection.

**CFPM Verification (name, expiration date, ID#):** Deanna Davidson

- Lola Brielman  
  01154575 - IL FSSMC  
  Exp. 9/2019
- Karen Wagner  
  21441102 - NRFSP  
  Exp. 3/2023
- Daniel Mojica  
  14651971 - ServSafe  
  Exp. 2/2022
- Deanna Davidson  
  14405969 - ServSafe  
  Exp. 11/2021

**HACCP Topic:** TCS food cooking temperatures, proper hand washing requirements

**Person in Charge (Signature):**

**Date:** Oct 9, 2018

**Inspector (Signature):**

**Follow-up:** ☑ Yes □ No (Check one)

**Follow-up Date:**
OBSERVATIONS AND CORRECTIVE ACTIONS

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Violations cited in this report must be corrected within the time frames below.</td>
</tr>
<tr>
<td></td>
<td>Please correct any violations noted above ASAP, but at least by next routine inspection.</td>
</tr>
<tr>
<td></td>
<td>Please go to our website to view/print the Fall/Winter 2017 newsletter.</td>
</tr>
<tr>
<td></td>
<td>Facility is still classified as a Category I food establishment.</td>
</tr>
<tr>
<td></td>
<td>At the time of this inspection, this establishment appears to meet the requirements to waive the 3rd inspection.</td>
</tr>
<tr>
<td></td>
<td>Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (grill, barbecue, steak-fry, cook-out, etc.), a temporary food permit must be applied for &amp; approved by WCHD.</td>
</tr>
<tr>
<td></td>
<td>WCHD provides free food safety in-services to establishments &amp; their staff.</td>
</tr>
<tr>
<td></td>
<td>Please note that if any changes (menu, equipment, etc.) are planned in the future for this establishment, please contact WCHD prior to changes occurring.</td>
</tr>
<tr>
<td></td>
<td>Next certified food protection manager 8-hour class &amp; exam at WCHD: Spring 2019.</td>
</tr>
<tr>
<td></td>
<td>Effective January 1, 2017, Food Handler certification is required for all food employees who do not already have CFPM or IL FSSMC certification. &quot;Food employee&quot; means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required 30 days from the hire date of food employees and valid for three (3) years from date of issuance.</td>
</tr>
<tr>
<td></td>
<td>Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances &amp; exits; no vaping or e-cigarette use in food &amp; drink prep area, dishwashing area, and storage area; no smoking within building structure.</td>
</tr>
</tbody>
</table>

Person in Charge (Signature) 
Oct 9, 2018

Date

Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one) Follow-up Date: ____________________

ICAI 17-356