

# Food Establishment Inspection Report

Local Health Department Name and Address Cumberland County Health Department PO Box 130 200 S. Indiana St. Toledo, IL 62468		No. of Risk Factor/Intervention Violations	0	Date	7-31-23
Establishment <b>The Caffeinator</b>		License/Permit #	208	Time In	8:35
Street Address <b>579 CRISIS E</b>		Permit Holder	<b>Noah Carl Michael Beaumont</b>	Time Out	9:00AM
City/State <b>Greenup, IL</b>		ZIP Code	<b>62428</b>	Risk Category	<b>3</b>
		Purpose of Inspection <b>Routine Inspection</b>			

## 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=not in 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

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.

Compliance Status		COS	R	Compliance Status		COS	R
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	In			15	OUT		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected			
2	N/A			16	In		
Certified Food Protection Manager (CFPM)				Food-contact surfaces; cleaned and sanitized			
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	In			17	In		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned and unsafe food			
4	In			18	N/A		
Proper use of restriction and exclusion				Proper cooking time and temperatures			
5	In			19	N/A		
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding			
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	In			20	N/A		
Proper eating, tasting, drinking, or tobacco use				Proper cooling time and temperature			
7	In			21	N/A		
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Populations</b>			
8	In			22	In		
Hands clean and properly washed				Proper cold holding temperatures			
9	In			23	N/A		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Proper date marking and disposition			
10	In			24	N/A		
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records			
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
11	In			25	N/A		
Food obtained from approved source				Consumer advisory provided for raw/undercooked food			
12	N/O			<b>Conformance with Approved Procedures</b>			
Food received at proper temperature				26	N/A		
13	In			Pasteurized foods used; prohibited foods not offered			
Food in good condition, safe, and unadulterated				<b>Food/Color Additives and Toxic Substances</b>			
14	N/A			27	N/A		
Required records available: shellstock tags, parasite destruction				Food additives: approved and properly used			
				28	In		
				Toxic substances properly identified, stored, and used			
				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

Compliance Status		COS	R	Compliance Status		COS	R
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30				43			
Pasteurized eggs used where required				In-use utensils: properly stored			
31				44			
Water and ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled			
32				45			
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored and used			
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
33				46			
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly			
34				<b>Physical Facilities</b>			
Plant food properly cooked for hot holding				50			
35				Hot and cold water available; adequate pressure			
Approved thawing methods used				51			
36				Plumbing installed; proper backflow devices			
Thermometers provided & accurate				52			
<b>Food Identification</b>				Sewage and waste water properly disposed			
37				53			
Food properly labeled; original container				Toilet facilities: properly constructed, supplied, & cleaned			
<b>Prevention of Food Contamination</b>				54			
38				Garbage & refuse properly disposed; facilities maintained			
Insects, rodents, and animals not present				55			
39				Physical facilities installed, maintained, and clean			
Contamination prevented during food preparation, storage and display				56	X		
40				Adequate ventilation and lighting; designated areas used			
Personal cleanliness				<b>Employee Training</b>			
41				57			
Wiping cloths: properly used and stored				All food employees have food handler training			
42				58			
Washing fruits and vegetables				Allergen training as required			

# Food Establishment Inspection Report

Establishment: The Caffeinator Establishment #: 208

Water Supply:  Public  Private Waste Water System:  Public  Private

Sanitizer Type: None made at time of inspection PPM: \_\_\_\_\_ Heat: \_\_\_\_\_

TEMPERATURE OBSERVATIONS								
Item/Location		Temp	Item/Location		Temp	Item/Location		Temp
Ice		12						
Fridge		44						

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	
55	6- 501.12 - Floors unclean. Clean more often	
15	3- 305.11 <del>at</del> 6" off of floor.	
48	501.114 No Sanitizer Made Up.	

CFPM Verification (name, expiration date, ID#):

N/A			
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HACCP Topic:

Person in Charge (Signature): Michael Beaumont Date: 7-31-23 Emailed Inspection  
Michaelbeaumont2005@gmail.com

Inspector (Signature): [Signature] Follow-up:  Yes  No (Check one) Follow-up Date: \_\_\_\_\_