

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 8-28-23
Establishment Cameo Vineyards		No. of Repeat Risk Factor/Intervention Violations 0	Time In 2:00
License/Permit # 057		Permit Holder	Time Out 2:20
Street Address 400 Mill St.		Risk Category 3	
City/State Greenup, IL		Purpose of Inspection Routine	
ZIP Code 62428			

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				
Supervision											
1	In			15	In						
Person in charge present, demonstrates knowledge, and performs duties				Protection from Contamination							
2	N/A			16	In						
Certified Food Protection Manager (CFPM)				Food separated and protected							
Employee Health											
3	In			17	In						
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Food-contact surfaces; cleaned and sanitized							
4	In			Proper disposition of returned, previously served, reconditioned and unsafe food							
Proper use of restriction and exclusion				Time/Temperature Control for Safety							
5	In			18	N/A						
Procedures for responding to vomiting and diarrheal events				Proper cooking time and temperatures							
Good Hygienic Practices											
6	In			19	N/A						
Proper eating, tasting, drinking, or tobacco use				Proper reheating procedures for hot holding							
7	In			20	N/A						
No discharge from eyes, nose, and mouth				Proper cooling time and temperature							
Preventing Contamination by Hands											
8	In			21	N/A						
Hands clean and properly washed				Proper hot holding temperatures							
9	In			22	In						
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Proper cold holding temperatures							
10	In			23	N/A						
Adequate handwashing sinks properly supplied and accessible				Proper date marking and disposition							
Approved Source											
11	In			24	N/A						
Food obtained from approved source				Time as a Public Health Control; procedures & records							
12	N/O			Consumer Advisory							
Food received at proper temperature				25	N/A						
13	In			Consumer advisory provided for raw/undercooked food							
Food in good condition, safe, and unadulterated				Highly Susceptible Populations							
14	N/A			26	N/A						
Required records available: shellstock tags, parasite destruction				Pasteurized foods used; prohibited foods not offered							
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				
Safe Food and Water											
30				Proper Use of Utensils							
Pasteurized eggs used where required				43							
31				In-use utensils: properly stored							
Water and ice from approved source				44							
32				Utensils, equipment & linens: properly stored, dried, & handled							
Variance obtained for specialized processing methods				45							
Food Temperature Control											
33				Single-use/single-service articles: properly stored and used							
Proper cooling methods used; adequate equipment for temperature control				46							
34				Gloves used properly							
Plant food properly cooked for hot holding				Utensils, Equipment and Vending							
35				47							
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
36				48							
Thermometers provided & accurate				Warewashing facilities: installed, maintained, & used; test strips							
Food Identification											
37				49							
Food properly labeled; original container				Non-food contact surfaces clean							
Prevention of Food Contamination											
38				Physical Facilities							
Insects, rodents, and animals not present				50							
39				Hot and cold water available; adequate pressure							
Contamination prevented during food preparation, storage and display				51							
40				Plumbing installed; proper backflow devices							
Personal cleanliness				52							
41				Sewage and waste water properly disposed							
Wiping cloths: properly used and stored				53							
42				Toilet facilities: properly constructed, supplied, & cleaned							
Washing fruits and vegetables				54							
				Garbage & refuse properly disposed; facilities maintained							
				Physical facilities installed, maintained, and clean							
				Adequate ventilation and lighting; designated areas used							
Employee Training											
57				All food employees have food handler training							
58				Allergen training as required							

Food Establishment Inspection Report

Establishment: Cameo Vineyards Establishment #: 057
 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
<u>Cooler</u>							
<u>Salami + Cheese</u>	<u>31</u>						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.

No Violations at this time

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

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 HACCP Topic:

[Signature] 8-31-2023 cameo@cameovineyards.com
 Person in Charge (Signature) Date

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

Carrie Browning - Scribe Don't ask