

Food Establishment Inspection Report

Local Health Department Name and Address Cumberland County Health Dept PO Box 130, 200 S Indiana St Toledo IL		No. of Risk Factor/Intervention Violations	Date 11/29/23
Establishment Cumberland Co Sportsman Club		No. of Repeat Risk Factor/Intervention Violations	Time In 3:18
License/Permit # 046		Permit Holder Charles Suppytan	Time Out 3:45
Street Address 1884 CO RD 850N		Risk Category 1	
City/State Greenup IL 62428		Purpose of Inspection Routine Inspection	

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				Protection from Contamination			
1	<input checked="" type="radio"/> In, <input type="radio"/> Out			15	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Person in charge present, demonstrates knowledge, and performs duties			16	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
2	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			17	<input checked="" type="radio"/> In, <input type="radio"/> Out		
	Certified Food Protection Manager (CFPM)			Time/Temperature Control for Safety			
Employee Health				18	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
3	<input checked="" type="radio"/> In, <input type="radio"/> Out			19	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Management, food employee and conditional employee; knowledge, responsibilities and reporting			20	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
4	<input checked="" type="radio"/> In, <input type="radio"/> Out			21	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Proper use of restriction and exclusion			22	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
5	<input checked="" type="radio"/> In, <input type="radio"/> Out			23	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Procedures for responding to vomiting and diarrheal events			24	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			25	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
	Proper eating, tasting, drinking, or tobacco use			Highly Susceptible Populations			
7	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/O			26	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A		
	No discharge from eyes, nose, and mouth			Food/Color Additives and Toxic Substances			
Preventing Contamination by Hands				27	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
8	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A			28	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Hands clean and properly washed			Conformance with Approved Procedures			
9	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			29	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Approved Source			
10	<input checked="" type="radio"/> In, <input type="radio"/> Out			30	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Adequate handwashing sinks properly supplied and accessible			31	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
11	<input checked="" type="radio"/> In, <input type="radio"/> Out			32	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Food obtained from approved source			Safe Food and Water			
12	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			33	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Food received at proper temperature			34	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
13	<input checked="" type="radio"/> In, <input type="radio"/> Out			35	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Food in good condition, safe, and unadulterated			Food Temperature Control			
14	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			36	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Required records available: shellstock tags, parasite destruction			37	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		

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				Proper Use of Utensils			
30	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			43	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Pasteurized eggs used where required			44	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
31	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			45	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Water and ice from approved source			46	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
32	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Utensils, Equipment and Vending			
	Variance obtained for specialized processing methods			47	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Food Temperature Control				48	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
33	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			49	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Proper cooling methods used; adequate equipment for temperature control			Physical Facilities			
34	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			50	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Plant food properly cooked for hot holding			51	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
35	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			52	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Approved thawing methods used			53	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
36	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			54	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Thermometers provided & accurate			55	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Food Identification				56	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
37	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Employee Training			
	Food properly labeled; original container			57	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
Prevention of Food Contamination				58	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
38	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Employee Training			
	Insects, rodents, and animals not present			57	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
39	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			58	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Contamination prevented during food preparation, storage and display			Employee Training			
40	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			57	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Personal cleanliness			58	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
41	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			Employee Training			
	Wiping cloths: properly used and stored			57	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
42	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O			58	<input checked="" type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O		
	Washing fruits and vegetables			Employee Training			

Food Establishment Inspection Report

Establishment: Cumberland G Sportsman Club Establishment #: 046

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: None Made at Time of Insp PPM: _____ Heat: _____

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chest Freezer		Bar Fridge	34		
Turkey	4	Freezer Pizza	-12		
		Cooler	33		
Fridge Coke	29				
Freezer Hand	4				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
49	4-601.11 Vent Hood Dirty, needs Cleaned
10	6-301.14 No Employee Handwash Sign in Bathroom M+W (SDA)
49	4-601.11 Fridge in Bar Storage M+W
<p style="font-size: 2em; font-family: cursive;">Correct By Next Inspection</p>	

CFPM Verification (name, expiration date, ID#):
Charlie Suppasta
10178365 7-25-24

HACCP Topic: _____

Charlie Suppasta _____
 Person in Charge (Signature) Date 11-29-23

Paul Cook _____
 Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: 12/3/23

Eric Huddleston _____

IOCI 17-356