

# FOOD ESTABLISHMENT INSPECTION REPORT

R-10

ERBA Food Bank  
115 S Kentucky St  
Greenup, IL 62428

| Inspection Number | Date   | Time In/Out        | Inspection Type | Client Type | Inspector |
|-------------------|--------|--------------------|-----------------|-------------|-----------|
| 05A78             | 4/8/25 | 2:47 PM<br>3:08 PM | Routine         | Store       | D.Clark   |
| Permit Number     | Risk   | Variance           | Estab.Type      |             |           |
| 105               | 3      |                    | Store           |             |           |

## Foodborne Illness Risk Factors and Public Health Interventions

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection

Repeat Violations Highlighted in Yellow

| Supervisor                                                                                      | IN                                  | OUT                      | NA                       | NO                       | COS                      | Protection from Contamination (Cont'd)                                              | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
|-------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. PIC present, demonstrates knowledge, and performs duties                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Food separated and protected                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified Food Protection Manager                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Food-contact surfaces; cleaned & sanitized                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health                                                                                 | IN                                  | OUT                      | NA                       | NO                       | COS                      | 17. Proper disposition of returned, previously served, reconditioned & unsafe foods | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| 3. Management, food employee and conditional employee knowledge, responsibilities and reporting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Proper use of restriction and exclusion                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time/Temperature Control for Safety                                                 | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| 5. Procedures for responding to vomiting and diarrheal events                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Proper cooking time & temperatures                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices                                                                         | IN                                  | OUT                      | NA                       | NO                       | COS                      | 19. Proper reheating procedures for hot holding                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Proper eating, tasting, drinking, or tobacco use                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Proper cooling time and temperature                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. No discharge from eyes, nose, and mouth                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Proper hot holding temperatures                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands                                                               | IN                                  | OUT                      | NA                       | NO                       | COS                      | 22. Proper cold holding temperatures                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hands clean & properly washed                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Proper date marking and disposition                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Time as a Public Health Control; procedures & records                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adequate handwashing sinks supplied and accessible                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer Advisory                                                                   | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| Approved Source                                                                                 | IN                                  | OUT                      | NA                       | NO                       | COS                      | 25. Consumer advisory provided for raw/undercooked food                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Food obtained from approved source                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Highly Susceptible Populations                                                      | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| 12. Food received at proper temperature                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Pasteurized foods used; prohibited foods not offered                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Food in good condition, safe & unadulterated                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food/Color Additives and Toxic Substances                                           | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
| 14. Required records available: shellstock tags, parasite destruction                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Food additives: approved & properly used                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                 |                                     |                          |                          |                          |                          | 28. Toxic substances properly identified, stored & used                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                 |                                     |                          |                          |                          |                          | Conformance with Approved Procedures                                                | IN                                  | OUT                                 | NA                       | NO                       | COS                      |
|                                                                                                 |                                     |                          |                          |                          |                          | 29. Compliance with variance/specialized process/HACCP                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Repeat Violations Highlighted in Yellow

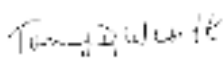
## Good Retail Practices

| Safe Food and Water                                                | IN                       | OUT                      | NA                       | NO                       | COS                      | Proper Use of Utensils                                                     | IN                                  | OUT                      | NA                       | NO                       | COS                      |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 30. Pasteurized eggs used where required                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. In-use utensils: properly stored                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Water & ice from approved source                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Utensils, equip. & linens: properly stored, dried & handled            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Variance obtained for specialized processing methods           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Single-use/single-service articles: properly stored & used             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Temperature Control                                           | IN                       | OUT                      | NA                       | NO                       | COS                      | 46. Gloves used properly                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Proper cooling methods used; adequate equip. for temp. control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending                                            | IN                                  | OUT                      | NA                       | NO                       | COS                      |
| 34. Plant food properly cooked for hot holding                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. All contact surfaces cleanable, properly designed, constructed, & used | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Approved thawing methods used                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. Warewashing facilities: installed, maintained & used; test strips      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Thermometers provided & accurate                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Non-food contact surfaces clean                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Identification                                                | IN                       | OUT                      | NA                       | NO                       | COS                      | Physical Facilities                                                        | IN                                  | OUT                      | NA                       | NO                       | COS                      |
| 37. Food properly labeled; original container                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Hot & cold water available; adequate pressure                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination                                   | IN                       | OUT                      | NA                       | NO                       | COS                      | 51. Plumbing installed; proper backflow devices                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Insects, rodents & animals not present                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Sewage & waste water properly disposed                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Contamination prevented in prep, storage & display             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Toilet facilities: properly constructed, supplied, & cleaned           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Personal cleanliness                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Garbage & refuse properly disposed; facilities maintained              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Wiping cloths; properly used & stored                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Physical facilities installed, maintained & clean                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Washing fruits & vegetables                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Adequate ventilation & lighting; designated areas use                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                    |                          |                          |                          |                          |                          | 60. 105 CMR 590 violations / local regulations                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or nonrenewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).



D. Clark



Denise Croft - Expires 09/24/2024  
Certificate #: 18422473

| Priority | Pf | Core | Risk Factor | Repeat Risk Factor |
|----------|----|------|-------------|--------------------|
| 0        | 0  | 0    | 0           | 0                  |

Follow Up Required: ☐ Y Follow Up Date:

# FOOD SAFETY INSPECTION REPORT

Page Number

2

ERBA Food Bank  
115 S Kentucky St  
Greenup, IL 62428

Inspection Number  
05A78

Date  
4/8/25

Time In/Out  
2:47 PM  
3:08 PM

Inspector  
D. Clark

## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

### Notes

#### Notes

88 Notes - Establishment -  
N Certificates - General Notes



### Positive Notes

#### Proper Food Safety Practices

98 98 Proper Food Safety Practices - Establishment -  
N Well organized and clean. - Excellent



# FOOD SAFETY INSPECTION REPORT

Page Number

3

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Inspection Number  
05A78

Date  
4/8/25

Time In/Out  
2:47 PM  
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Inspector  
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## Inspection Report (Continued)

Repeat Violations Highlighted in Yellow

## Temperatures

| Area        | Equipment       | Product        | Notes | Temps |
|-------------|-----------------|----------------|-------|-------|
| Dry Storage | Walk-in Freezer | Hash browns    |       | -1 °F |
| Dry Storage | Walk-in Freezer | Chicken breast |       | -4 °F |
| Dry Storage | Walk-in Cooler  | Mayonnaise     |       | 32 °F |
| Dry Storage | Walk-in Freezer | Ribs           |       | 7 °F  |
| Dry Storage | Walk-in Cooler  | Juice          |       | 38 °F |

Temperatures in **RED** identify items in the temperature danger zone. See the report notes for specific details.

## Notes

No violations at time of inspection. Good job. Clean and organized.