Macon County Health Department  
Office of Environmental Health  
1221 E Condit Street, Decatur, IL 62521  
Phone: (217) 423-6988 | Fax: (217) 423-0992

FOOD ESTABLISHMENT INSPECTION REPORT

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Phone Number</th>
<th>No. of Risk Factor/Intervention Violations</th>
<th>Zone</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle K #151</td>
<td>423-2747</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Permit Holder: Circle K  
Person in Charge (PIC): Anita Stoddard

Purpose of Inspection: Routine

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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.

<table>
<thead>
<tr>
<th>Compliance Status</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>In</td>
<td>Out</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

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

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

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

Approved Source
11. Food obtained from approved source
12. Food received at proper temperature
13. Food in good condition, safe, and unadulterated
14. Required records available: shelf life tags, parasite destruction

Protection from Contamination
15. Food separated and protected
16. Food-contact surfaces: cleaned and sanitized
17. Proper disposition of returned, previously served, reconditioned and unsafe food
18. Time/Temperature Control for Safety
19. Proper cooking time and temperatures
20. Proper reheating procedures for hot holding
21. Proper cooling time and temperature
22. Proper hot holding temperatures
23. Proper cold holding temperatures
24. Proper date marking and disposition
25. Time as a Public Health Control: procedures & records
26. Consumer Advisory
27. Consumer advisory provided for raw/undercooked food
28. Highly Susceptible Populations
29. Pasteurized foods used; prohibited foods not offered
30. Food/Color Additives and Toxic Substances
31. Food additives: approved and properly used
32. Toxic substances properly identified, stored, and used
33. Conformance with Approved Procedures
34. 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.

<table>
<thead>
<tr>
<th>COS</th>
<th>R</th>
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</table>
| 30  | Pasteurized eggs used where required
| 31  | Water and ice from approved source
| 32  | Variance obtained for specialized processing methods

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

Food Identification
37. Food properly labeled; original container

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

Proper Use of Utensils
43. In-use utensils: properly stored
44. Utensils, equipment & linens: properly stored, dried, & handled
45. Single-use/single-service articles: properly stored and used
46. Gloves used properly

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

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

Employee Training
57. All food employees have food handler training
58. Allergen training as required
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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Circle K #181

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
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<th>Temp</th>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three-Compartment Sink</td>
<td>85°F</td>
<td>Ham Sandwich (Display)</td>
<td>30°F</td>
<td>Torcado (Roller 1)</td>
<td>191°F</td>
</tr>
<tr>
<td>Hot Dog (Front Counter)</td>
<td>85°F</td>
<td>Yogurt (Display)</td>
<td>30°F</td>
<td>Torcado (Roller 1)</td>
<td>187°F</td>
</tr>
<tr>
<td>Men's Restroom</td>
<td>85°F</td>
<td>Hot Dog (Reach-in)</td>
<td>30°F</td>
<td>Hot Dog</td>
<td>147°F</td>
</tr>
<tr>
<td>Women's Restroom</td>
<td>83°F</td>
<td>Sausage (Reach-in)</td>
<td>87°F</td>
<td>Sausage</td>
<td>158°F</td>
</tr>
<tr>
<td>Mayo Sink</td>
<td>83°F</td>
<td>Milk (Walk-in)</td>
<td>30°F</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ham (Walk-in)</td>
<td>35°F</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SANITIZER OBSERVATIONS
Sanitizer Type: Quat
Concentration/Temp: 0/0

OBSERVATIONS AND CORRECTIVE ACTIONS
Violations cited in this report must be corrected within the time frames below.

*50 (Tramc) Assessment of hot running water was performed in the Men's and Women's restrooms, front counter/prop, hand sink, and faucets at the three-compartment sink at approximately 8:10 AM. Manager stated hot water takes in upwards of 15 to 20 minutes to achieve desired temperatures.

8:10 AM Three-Compartment Sink: 88°F (Minimum required 120°F)
  Front Hand Sink: 85°F (Minimum required 100°F)
  Men's Restroom: 88°F (Minimum required 100°F)
  Women's Restroom: 88°F (Minimum required 100°F)

8:30 AM Three-Compartment Sink: 88°F
  Front Hand Sink: 85°F
  Men's Restroom: 88°F
  Women's Restroom: 88°F

Location is a Category 2 facility that prepares/handles food and requires equipment to be properly cleaned. Hot water is necessary for handwashing and equipment cleaning.

CFPM VERIFICATION

HACCP Topic: Availability of Hot Water

Follow-up: Yes | No (Check one)
Follow-up Date: 2/4/19
Fee Assessed: $250.00

Anita Strockbusch
016C8192 12/19

Person In Charge (Signature) 7/24/19
Date

Inspector (Signature)

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FOOD ESTABLISHMENT INSPECTION REPORT

**Establishment**: Circle K # 181

**Zone**: 3  
**Risk**: 2

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1 | Tank sink water observed at 83°F (Minimum required 120°F)  
* Until necessary repairs are made to supply adequate hot water, location is closed and not permitted to sale any food or beverages. Notified manager to discard of all hot TCS foods on display. + Closure! Follow Up Required + (P) |
| 10 | Basin of handsink at front counter observed soiled. Keep clean to reduce risk. (Pf) |
| 16 | Pink slime observed on ice dispensing chutes (N) of the beverage station on the sales floor. Monitor for cleanliness on a regular basis. (P) |
| 36 | No thermometer observed in ice cream display freezer. Add thermometer to monitor temperatures. (Pf) |
| 38 | Fruit fly activity (10+) observed near the three-compartment sink. Contact pest control for treatment. (Pf) |
| 48 | Quat sanitizer test strips observed water damaged and unable to use. Strips must be in good condition and used daily when cleaning equipment to properly verify concentrations of sanitizer (150-400 ppm). (Pf) |
| 55 | Heavy dust build-up observed on fan guards (3) of the walk-in cooler. (C) |
| 55 | Area under three-compartment sink observed severely cluttered creating a potential discharge for pests. (C) |

*P = Priority Violation  Pf = Priority Foundation Violation  C = Core Violation

**CAP** (Corrective Action Process) must be completed and submitted to health department describing actions taken to correct violations and measures to prevent future risk. All violations listed must be corrected prior to re-opening. Once received review process is 24-48 hours.

**Re-Assessment fee of $250.00 must be submitted prior to re-opening.**

Thank you.

**Person in Charge (Signature)**:  
**Date**: 7/24/19

**Inspector (Signature)**:  

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FOOD ESTABLISHMENT INSPECTION REPORT

Establishment: Circle K #151
501 North Main Street Decatur, IL

TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Counter</td>
<td>110°F</td>
</tr>
<tr>
<td>Three-Compartment Sink</td>
<td>123°F</td>
</tr>
<tr>
<td>Mop Sink</td>
<td>125°F</td>
</tr>
<tr>
<td>Men's Restroom</td>
<td>110°F</td>
</tr>
<tr>
<td>Women's Restroom</td>
<td>121°F</td>
</tr>
</tbody>
</table>

SANITIZER OBSERVATIONS

Sanitizer Type: Quat
Concentration/Temp: 0/0

OBSERVATIONS AND CORRECTIVE ACTIONS

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

- Follow up visit for imminent health risk factors observed during inspection that resulted in suspension of pre/ sale of food/beverages until violations were corrected on 7/25/19.

- Water heater was replaced and temperatures were verified at proper temperature: Handsinks > 100°F
  - Mop + Three-Compartment Sink > 120°F
  - Line Item #50 (Hot Water) + Corrected

- All Violations: 1, 4A, 16, 3C, 3N, 4B, 50, and 55B + Corrected

- CAP (Corrective Action Process) was received/approved along with fine of $250.00

- Location is permitted to open (for sale) food + beverages. Continue to monitor temperatures of hot water to reduce risk.

CFPM VERIFICATION

Thank You!

HACCP Topic: Identifying Imminent Health Hazards

Person In Charge (Signature):

Date: 7/25/19 @ 11:20 AM

Inspector (Signature):

Follow-up: Yes [ ] No [x] (Check one)

Following Date(s): 0

Fee Assessed: 0