

- ☒ Food Service Establishment
☐ Retail Food Service
☐ Temporary/Seasonal
☐ Tavern/Liquor



Macon County Health Department
Environmental Health Office
1221 E. Condit Street, Decatur, IL 62521-1405
Phone: (217) 423-6988 * Fax: (217) 423-0992

- ☐ Routine Inspection
☒ Follow-up Inspection (10-DAY)
☒ Other Complaint
F-2750
Telephone: 422-8987

Zone: 3 Risk: II

RETAIL FOOD SANITARY INSPECTION REPORT

Telephone: 422-8987

Name of Establishment: Long John Silvers

Address: 701 W. Eldorado

Owner or Operator: Ann Griswold

City: Decatur

Zip Code: 62522

Based on an inspection this day, the items marked below identify violations of the Illinois Food, Drug and Cosmetic Act and/or the Sanitary Inspection Law and Rules Promulgated under these acts. Failure to correct these violations within the time specified may result in prosecution under the Enforcement Provisions of these acts. * = Critical Items Requiring Immediate Correction.

ITEM	X	WT	Description	ITEM	X	WT	Description	ITEM	X	WT	Description
			FOOD								
* 1		5	Source, Wholesome, No Spoilage	18		1	Pre-flushed, scraped, soaked	34		1	Outside storage area, enclosures properly constructed, clean; controlled incineration
2		1	Original Container, Properly Labeled	19		2	Wash, rinse water; clean, proper temperature				INSECT, RODENT ANIMAL CONTROL
			FOOD PROTECTION	* 20		4	Sanitization rinse; clean, temperature, concentration	* 35		4	Presence of insects/rodents - outer openings protected, no birds, turtles, other animals
* 3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation.	21		1	Wiping cloths; clean, use restricted				FLOORS, WALLS AND CEILINGS
* 4		4	Facilities to maintain product temperature	22		2	Food-contact surfaces of equipment and utensils clean, free of abrasives and detergents	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
5		1	Thermometers provided & conspicuous	23		1	Non-food contact surfaces of equipment and utensils clean	37		1	Walls, ceiling, attached equipment: constructed good repair, clean surfaces, dustless cleaning methods
6		2	Potentially hazardous food properly thawed	24		1	Storage, handling of clean equipment - utensils				LIGHTING
* 7		4	Unwrapped and potentially hazardous food not re-served, CROSS CONTAMINATION	25		1	Single-service articles, storage, dispensing	38		1	Lighting provided as required - Fixtures shielded
8		2	Food protection during storage, preparation, display, service and transportation	26		2	No re-use of single-service articles				VENTILATION
9		2	Handling of food (ice) minimized, methods	* 27		5	Water source, safe: Hot and cold under pressure	39		1	Rooms and equipment - vented as required
10		1	Food (ice) dispensing utensils properly stored				SEWAGE				DRESSING ROOMS
			PERSONNEL	* 28		4	Sewage and waste water disposal	40		1	Rooms clean, lockers provided, facilities clean
* 11		5	Personnel with infections restricted				PLUMBING				OTHER OPERATIONS
* 12		5	Hands washed and clean, good hygienic practices	29		1	Installed, maintained	* 41		5	Toxic items properly stored, labeled and used
13		1	Clean clothes, hair restraints	* 30		5	Cross-connection, back siphonage, back flow	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/ maintenance equipment properly stored, authorized personnel
			FOOD EQUIPMENT AND UTENSILS				TOILET AND HAND-WASHING FACILITIES	43		1	Complete separation from living/sleeping quarters, laundry
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	* 31		4	Number, convenient, accessible, designed, installed.	44		1	Clean, soiled linen properly stored
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleaner, sanitary towels/hand drying devices provided, proper waste receptacles, tissue	* 45			Management personnel certified
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated.				GARBAGE AND REFUSE DISPOSAL				Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge cock	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean				

Temperatures: Temp/PPM Chemical _____

Hot Foods _____

Cold Foods _____

Certified Manager:

Name: _____ No: _____

Item	Rule No.	Remarks and Recommendations for Corrections	Corrected by	*
		Following up Complaint F-2750, initial investigation completed on 12/22/17. Gave facility 10-Days to ensure remediation of mice infestation.		
(35 X 1160)		Upon investigation, it was discovered that mouse droppings are present under soda fountain & →		

Report and Instructions Received by: X A B

(Signature of Owner or Representative)

Date: 1/3/18 Time: 11:00 a.m. or p.m.

Sanitation Score _____ (100 Minus Demerits)

Page 1 of 2

Inspector's Signature: R. Dumbury

Repeat Violation
11

Public Health

**Macon County
Health Department**

Macon County Health Department

1221 E. Condit St., Decatur, Illinois 62521-1405
Phone 217-423-6988 FAX: 217-423-0992

SUPPLEMENTAL INSPECTION REMARKS

Food Service Establishment Report

Retail Food Sanitary Inspection Report

The following remarks supplement the inspection report of

Long John Silver
(Establishment Name)

Dated 1/3/18

ITEM	RULE	OBSERVATIONS	CORRECT BY	* Repeat Violation
Cont.		Under various cabinets (pictures taken for documentation) - Area behind grill heavily filled with food debris & cardboard being used to "catch grease." - Clean & sanitize, remove All Cardboard.		
(35)	(1170)	Additionally, after opening into crawl space has significant in weather stripping at the bottom of the door - Repair.		
		* Will return in 10 Days to ensure correction of critical violation # 35, will result in second \$ 75.00 fine.	1/15/18	
		Statement of Fee Billed issued for Critical violation Fee of \$ 75.00.		

~~SANITARIAN / INSPECTOR~~

Inspection report received by

(Signature of Owner or Representative)

- ☒ Food Service Establishment
☐ Retail Food Service
☐ Temporary/Seasonal
☐ Tavern/Liquor



Macon County Health Department
Environmental Health Office
1221 E. Condit Street, Decatur, IL 62521-1405
Phone: (217) 423-6988 * Fax: (217) 423-0992

- ☐ Routine Inspection
☒ Follow-up Inspection (10 DAY)
☒ Other Complaint
F-2750

Zone: 3 Risk: II

RETAIL FOOD SANITARY INSPECTION REPORT

Telephone: 422-8977

Name of Establishment: Larry John Silvers

Address: 701 W. Eldorado

Owner or Operator: Joseph Tortorella

City: Decatur

Zip Code: 62522

Based on an inspection this day, the items marked below identify violations of the Illinois Food, Drug and Cosmetic Act and/or the Sanitary Inspection Law and Rules Promulgated under these acts. Failure to correct these violations within the time specified may result in prosecution under the Enforcement Provisions of these acts. * = Critical Items Requiring Immediate Correction.

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2		1	Original Container, Properly Labeled	19		2	Wash, rinse water; clean, proper temperature				INSECT, RODENT ANIMAL CONTROL
			FOOD PROTECTION	* 20		4	Sanitization/rinse: clean, temperature, concentration	* 35	X	4	Presence of insects/rodents - outer openings protected, no birds, turtles, other animals
* 3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation.	21		1	Wiping cloths: clean, use restricted				FLOORS, WALLS AND CEILINGS
				22		2	Food-contact surfaces of equipment and utensils clean, free of abrasives and detergents	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
* 4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean	37		1	Walls, ceiling, attached equipment: constructed good repair, clean surfaces, dustless cleaning methods
5		1	Thermometers provided & conspicuous	24		1	Storage, handling of clean equipment - utensils				LIGHTING
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	38		1	Lighting provided as required - Fixtures shielded
* 7		4	Unwrapped and potentially hazardous food not re-served, CROSS CONTAMINATION	26		2	No re-use of single-service articles				VENTILATION
8		2	Food protection during storage, preparation, display, service and transportation				WATER	39		1	Rooms and equipment - vented as required
9		2	Handling of food (ice) minimized, methods	* 27		5	Water source, safe: Hot and cold under pressure				DRESSING ROOMS
10		1	Food (ice) dispensing utensils properly stored				SEWAGE	40		1	Rooms clean, lockers provided, facilities clean
			PERSONNEL	* 28		4	Sewage and waste water disposal				OTHER OPERATIONS
* 11		5	Personnel with infections restricted				PLUMBING	* 41		5	Toxic items properly stored, labeled and used
* 12		5	Hands washed and clean, good hygienic practices	29		1	Installed, maintained	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
13		1	Clean clothes, hair restraints	* 30		5	Cross-connection, back siphonage, back flow	43		1	Complete separation from living/sleeping quarters, laundry
			FOOD EQUIPMENT AND UTENSILS				TOILET AND HAND-WASHING FACILITIES	44		1	Clean, soiled linen properly stored
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	* 31		4	Number, convenient, accessible, designed, installed.	* 45			Management personnel certified
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleaner, sanitary towels/hand drying devices provided, proper waste receptacles, tissue				Yes _____ No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated.				GARBAGE AND REFUSE DISPOSAL				
17		1	Accurate Thermometers, chemical test kits provided, gauge cook	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean				

Temperatures: Temp/PPM Chemical _____

Hot Foods _____

Cold Foods _____

Certified Manager: _____

Name: _____

No: _____

Item	Rule No.	Remarks and Recommendations for Corrections	Corrected by	*
		Following up Complaint F-2750, initial investigation completed on 12/22/17, primary critical follow up on 1/3/18.		
(35)(1170)		Upon investigation, it was discovered that outer opening into crawl space has not been sealed		

Report and Instructions Received by: X Joseph Tortorella

(Signature of Owner or Representative)

Date: 1/16/18 Time: 4:00 a.m. or p.m.

Sanitation Score _____ (100 Minus Demerits)

Page 1 of 2

Inspector's Signature: R. J. Danbury

* Repeat Violation



Macon County Health Department

1221 E. Condit St., Decatur, Illinois 62521-1405
Phone 217-423-6988 FAX: 217-423-0992

SUPPLEMENTAL INSPECTION REMARKS

Food Service Establishment Report

Retail Food Sanitary Inspection Report

The following remarks supplement the inspection report of Long John Silvers
(Establishment Name)

Dated 1/16/18

R. Dambach
SANITARIAN / INSPECTOR

Inspection report received by

(Signature of Owner or Representative)

W

- ☒ Food Service Establishment
☐ Retail Food Service
☐ Temporary/Seasonal
☐ Tavern/Liquor



Macon County Health Department
Environmental Health Office
1221 E. Condit Street, Decatur, IL 62521-1405
Phone: (217) 423-6988 * Fax: (217) 423-0992

- ☐ Routine Inspection
☐ Follow-up Inspection
☒ Other Enforcement Provisions

Zone: 3 Risk: II

RETAIL FOOD SANITARY INSPECTION REPORT

Telephone: 422-8977

Name of Establishment: Long John Silver's

Address: 701 W. Eldorado

Owner or Operator: Joseph Tartorice

City: Decatur

Zip Code: 62522

Based on an inspection this day, the items marked below identify violations of the Illinois Food, Drug and Cosmetic Act and/or the Sanitary Inspection Law and Rules Promulgated under these acts. Failure to correct these violations within the time specified may result in prosecution under the Enforcement Provisions of these acts. * = Critical Items Requiring Immediate Correction.

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2		1	Original Container, Properly Labeled	19		2	Wash, rinse water; clean, proper temperature				INSECT, RODENT ANIMAL CONTROL
			FOOD PROTECTION	* 20		4	Sanitization rinse: clean, temperature, concentration	* 35		4	Presence of insects/rodents - outer openings protected, no birds, turtles, other animals
* 3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation.	21		1	Wiping cloths: clean, use restricted				FLOORS, WALLS AND CEILINGS
* 4		4	Facilities to maintain product temperature	22		2	Food-contact surfaces of equipment and utensils clean, free of abrasives and detergents	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
5		1	Thermometers provided & conspicuous	23		1	Non-food contact surfaces of equipment and utensils clean	37		1	Walls, ceiling, attached equipment: constructed good repair, clean surfaces, dustless cleaning methods
6		2	Potentially hazardous food properly thawed	24		1	Storage, handling of clean equipment - utensils				LIGHTING
* 7		4	Unwrapped and potentially hazardous food not re-served, CROSS CONTAMINATION	25		1	Single-service articles, storage, dispensing	38		1	Lighting provided as required - Fixtures shielded
8		2	Food protection during storage, preparation, display, service and transportation	26		2	No re-use of single-service articles				VENTILATION
9		2	Handling of food (ice) minimized, methods	* 27		5	Water source, safe: Hot and cold under pressure	39		1	Rooms and equipment - vented as required
10		1	Food (ice) dispensing utensils properly stored				SEWAGE				DRESSING ROOMS
			PERSONNEL	* 28		4	Sewage and waste water disposal	40		1	Rooms clean, lockers provided, facilities clean
* 11		5	Personnel with infections restricted	29		1	Installed, maintained				OTHER OPERATIONS
* 12		5	Hands washed and clean, good hygienic practices	* 30		5	Cross-connection, back siphonage, back flow	* 41		5	Toxic items properly stored, labeled and used
13		1	Clean clothes, hair restraints				TOILET AND HAND-WASHING FACILITIES	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
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15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located				GARBAGE AND REFUSE DISPOSAL	* 45			Management personnel certified
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated.	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean				Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge cock								

Temperatures: Temp/PPM Chemical _____ Hot Foods _____ Cold Foods _____
Certified Manager: _____
Name: _____ No: _____

Item	Rule No.	Remarks and Recommendations for Corrections	Corrected by	*
		Due to noncompliance with Critical Violation reinspection, Enforcement Provisions letter issued to establishment.		
		Will return 1/29/18 to follow up & ensure remediation of critical violation #35		

Report and Instructions Received by: [Signature] (Signature of Owner or Representative)

Date: 1/18/18 Time: 11:00 a.m. or p.m.

Sanitation Score _____ (100 Minus Demerits)

Page 1 of 1

Inspector's Signature: [Signature]

Repeat Violation



Public Health

**Macon County
Health Department**

Macon County Health Department Environmental Health Office

1221 E. Condit Street, Decatur, IL 62521-1405

Phone (217) 423-6988 Environmental Health Fax (217) 423-0992

MCHD@maconcountyhealth.org

www.maconcountyhealth.org

January 18, 2018

Long John Silver's
701 W. Eldorado
Decatur, IL 62522

This letter is in regards to your last re-inspection for a critical violation dated January 16, 2018.

Under the Macon County Food Sanitation Ordinance, Section III (Enforcement Provisions):

"Permits may be suspended for a period of three (3) days: If an establishment fails to correct all 4 or 5 point violations after two (2) re-inspections..."

"Any establishment whose permit is in jeopardy after two (2) routine inspections or one (1) re-inspection will receive a warning letter either delivered in person or via certified mail, return receipt requested and delivered to the addressee only, stating that they will be closed and their food permit suspended for three (3) days if necessary corrections are not made by the next inspection or re-inspection. This letter will also mention that a sign will be placed on the front door stating that the establishment has been closed by order of the Macon County Health Department."

The complaint investigation dated December 22, 2017 stated that all outer openings must be sealed to prevent the entry of rodents. On January 3, 2018 and January 16, 2018, re-inspections were made to your establishment regarding this violation, and at the time of each of the inspections, there were still openings that had not been sealed.

You have until Monday, January 29, 2018 to remediate this violation or your Macon County Food Permit will be pulled for a minimum of three days. A sign will be posted on the door of the establishment stating that the establishment has been closed by order of the Macon County Health Department.

If you have any further questions, please feel free to contact me at the number below.

Thank you,

Katherine Wade
Director of Environmental Health
Macon County Health Department
1221 E. Condit
Decatur, IL 62521
217-423-6988 Ext. 1123
kwade@maconcountyhealth.org

cc: File
Treasure Isles, Inc (Edwardsville, IL)

- ☒ Food Service Establishment
☐ Retail Food Service
☐ Temporary/Seasonal
☐ Tavern/Liquor



Public Health

Macon County Health Department
Environmental Health Office
1221 E. Condit Street, Decatur, IL 62521-1405
Phone: (217) 423-6988 * Fax: (217) 423-0992

- ☐ Routine Inspection
☒ Follow-up Inspection
☒ Other Complaint
F-2750

Zone: 3 Risk: II

RETAIL FOOD SANITARY INSPECTION REPORT

Telephone: 422-8977

Name of Establishment: Long John Silvers

Address: 701 W. Eldorado

Owner or Operator: Ann Grizwold

City: Decatur Zip Code: 62522

Based on an inspection this day, the items marked below identify violations of the Illinois Food, Drug and Cosmetic Act and/or the Sanitary Inspection Law and Rules Promulgated under these acts. Failure to correct these violations within the time specified may result in prosecution under the Enforcement Provisions of these acts. * = Critical Items Requiring Immediate Correction.

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Temperatures: Temp/PPM Chemical _____ Hot Foods _____ Cold Foods _____
Certified Manager: _____
Name: _____ No: _____

Item	Rule No.	Remarks and Recommendations for Corrections	Corrected by	*
		<u>Due to establishment's inability to remediate rodent infestation, Macon County Food Permit has now been suspended. This suspension is in accordance with The Macon County Food Sanitation ordinance -></u>		

Report and Instructions Received by: [Signature] (Signature of Owner or Representative)

Date: 2/2/18 Time: 1:20 a.m. or p.m.

Sanitation Score _____ (100 Minus Demerits)

Page 1 of 2

Inspector's Signature: [Signature]

* Repeat Violation

**Macon County
Health Department**

Dated 2/2/18

(Signature of Owner or Representative)

- ☒ Food Service Establishment
☐ Retail Food Service
☐ Temporary/Seasonal
☐ Tavern/Liquor



Public Health

Macon County Health Department
Environmental Health Office
1221 E. Condit Street, Decatur, IL 62521-1405
Phone: (217) 423-6988 * Fax: (217) 423-0992

- ☐ Routine Inspection
☒ Follow-up Inspection (re-open)
☒ Other Complaint
F-2950

Zone: 3 Risk: II

RETAIL FOOD SANITARY INSPECTION REPORT

Telephone: 422-8977

Name of Establishment: Lung John Silvers Address: 701 W. Eldorado
Owner or Operator: Andr Griswold / David Chapman City: Decatur Zip Code: 62522

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14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleaner, sanitary towels/hand drying devices provided, proper waste receptacles, tissue	44		1	Clean, soiled linen properly stored
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located				GARBAGE AND REFUSE DISPOSAL	* 45			Management personnel certified
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated.	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean				Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge cock								

Temperatures: Temp/PPM Chemical _____ Hot Foods _____ Cold Foods _____
Certified Manager: _____
Name: _____ No: _____

Item	Rule No.	Remarks and Recommendations for Corrections	Corrected by	*
		Establishment has completed extensive cleaning & has completed remediation process with Pest control - Substantial health hazard has been eliminated: 2014 Macon County Food Permit has now been reinstated. Allowed to Open.		

Report and Instructions Received by: [Signature] (Signature of Owner or Representative)

Date: 2/3/18 Time: 12:10 a.m. or p.m.

Page 1 of 1

Inspector's Signature: [Signature]

Sanitation Score _____ (100 Minus Demerits)

Repeat Violation

Rentokil Steritech

The Experts in Pest Control

Detailed Report

PestNetOnline

SOUTHEAST MISSOURI PEST, 2228 BLOOMFIELD ROAD, , CAPE GIRARDEAU, MO, 63703-6431, (573) 334-6690 EXT. 0000, (573) 993-7960

Client: 013863972 / 2
TREASURE ISLES HC LLC - LJS
378 POINT OF VIEW DRIVE
EDWARDSVILLE, IL, 62025-5241
(618) 692-8233 EXT. 0000

Service Location: 013863972 / 2
TREASURE ISLES HC LLC - LJS
7072 701 W EL DORADO
DECATUR, IL, 62522-2120
(217) 422-8977 EX1. 0000

Site: Building, Main, Dining

ILT1

No Activity @01/22/18 15:10:33

Site: Building, Main, Food Preparation Area

ILT2

No Activity @01/22/18 15:13:02

Site: Building, Main, Dining

Dining Insp

No Activity @01/22/18 15:13:23

Site: Building, Main, Exterior

Perimeter Insp

No Activity @01/22/18 15:13:44

Site: Building, Main, Food Preparation Area

Food Prep Insp

No Activity @01/22/18 15:13:31

Site: Building, Main, Front Counter

Front Counter Insp

No Activity @01/22/18 15:13:39

Site: Building, Main, Storage

Storage Insp

No Activity @01/22/18 15:13:48

Site: Building, Main, Food Preparation Area

MRT1

No Activity @01/22/18 15:09:59

MRT2

No Activity @01/22/18 15:09:19

MRT3

No Activity @01/22/18 15:08:57

Site: Building, Main, Exterior

RBS1

No Activity @01/22/18 15:08:16

RBS2

No Activity @01/22/18 15:08:01

Tyler Shoemaker: (309) 706-4683

Rentokil Steritech

The Experts in Pest Control

Summary of Service

PestNetOnline

SOUTHEAST MISSOURI PEST, 2228 BLOOMFIELD ROAD, , CAPE GIRARDEAU, MO, 63703-6431, (573) 334-6690 EXT. 0000, (573) 993-7960

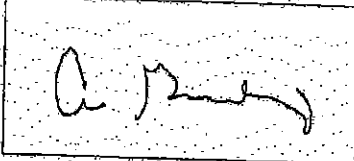
Client: 013863972 / 2
TREASURE ISLES HC LLC - LIS
378 POINT OF VIEW DRIVE
EDWARDSVILLE, IL, 62025-5241
(618) 692-8233 EXT. 0000

Service Location: 013863972 / 2
TREASURE ISLES HC LLC - LIS
7072 701 W ELDORADO
DECATUR, IL, 62522-2120
(217) 422-8977 EXT. 0000

Time In: 02/02/18 16:52

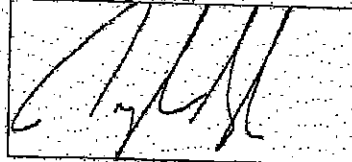
Time Out: 02/02/18 18:20

Customer Signature:



Ann

Technician Signature:



with thanks, Tyler Shoemaker

License/Certifications:

Order # / Invoice

040662606-000

Status

Completed

Service Date

02/02/18

Service Description

PEST CONTROL MAINT-C

Visit Type

SERVICE MAINTENANCE

Device Summary

Type	With Activity	Without Activity	Unserviceable	Total Inspected
Inspection Point	0	5	0	5
Mechanical Rodent Trap	0	4	0	4
Insect Light Trap	0	2	0	2
Rodent Bait Station	0	4	0	4

Material Application Summary

Material Applied	EPA #	Dilution (%)	Concentrate Applied	Quantity	UOM	App Method	Target Pests
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First Strike Soft Bait (10grms/pouch) 7173-258 0.0025 4.0000000 4 each Containerized Station House mice
Area/Device of Application: CrawlRBS1
Equipment Used: Hand
Active Ingredient(s): Difethialone

First Strike Soft Bait (10grms/pouch) 7173-258 0.0025 4.0000000 4 each Containerized Station House mice
Area/Device of Application: CrawlRBS2
Equipment Used: Hand
Active Ingredient(s): Difethialone

Rodent/Insect Glueboard na 0 0.0000000 16 each Spot House mice
Area/Device of Application: Food Prep Insp
Equipment Used: Hand

Totals

First Strike Soft Bait (10grms/pouch) 7173-258 8 each
 Rodent/Insect Glueboard na 16 each

Rentokil Steritech

The Experts In Pest Control

Detailed Report

PestNetOnline

SOUTHEAST MISSOURI PEST, 2228 BLOOMFIELD ROAD, , CAPE GIRARDEAU, MO, 63703-6431, (573) 334-6690 EXT. 0000, (573) 993-7960

Client: 013863972 / 2
TREASURE ISLES HC LLC - LJS
378 POINT OF VIEW DRIVE
EDWARDSVILLE, IL, 62025-5241
(618) 692-8233 EXT. 0000

Service Location: 013863972 / 2
TREASURE ISLES HC LLC - LJS
7072 701 W ELDORADO
DECATUR, IL, 62522-2120
(217) 422-8977 EXT. 0000

Site: Building,Main,Dining

ILT1 No Activity @02/02/18 17:50:26

Site: Building,Main,Food Preparation Area

ILT2 No Activity @02/02/18 17:50:08

Site: Building,Main,Dining

Dining Insp No Activity @02/02/18 17:50:37

Site: Building,Main,Exterior

Perimeter Insp No Activity @02/02/18 17:50:51

Site: Building,Main,Food Preparation Area

Food Prep Insp No Activity @02/02/18 18:13:04

Site: Building,Main,Front Counter

Front Counter Insp No Activity @02/02/18 17:50:47

Site: Building,Main,Storage

Storage Insp No Activity @02/02/18 17:51:05

Site: Building,Main,Food Preparation Area

MRT1 No Activity @02/02/18 16:53:29

MRT2 No Activity @02/02/18 17:49:21

MRT3 No Activity @02/02/18 16:56:24

MRT4 No Activity @02/02/18 17:22:38

Site: Building,Main,Exterior

CrawlRBS1 No Activity @02/02/18 17:51:51

CrawlRBS2 No Activity @02/02/18 17:53:16

RBS1 No Activity @02/02/18 17:36:37

RBS2 No Activity @02/02/18 17:35:53

General Comments

Health Dept temporary closed store, due to rodent dropping findings. Inspected outside bait stations and inside traps. No rodent activity in traps (glueboards empty). No feeding in outside stations. Went into crawl space. No movement while down there. Added 2 stations. Took pictures of stations. Spoke with Dave (president of company). We discussed measures that need cleaned. Staff is already cleaning. We added steel wool and foam to a spot by counter on front line that may be an entry point for rodent entry point. Did find old droppings behind front cooler where original mouse was captured. Staff is adding new door sweep to back door. I will be back to check progress on Monday. Placed several glueboards out in ceiling and along back dishwashing areas. We will know by the feeding inside crawl space what activity we had.