



## Macon County Health Department

## Office of Environmental Health

1221 E Condit Street, Decatur, IL 62521

Phone: (217) 423-6988 | Fax: (217) 423-0992

**Public Health**  
Prevent. Promote. Protect.

## FOOD ESTABLISHMENT INSPECTION REPORT

Date: 10/13/2020  
Time: 5:10 p.m.

|                                                  |                                  |                                                             |                                         |
|--------------------------------------------------|----------------------------------|-------------------------------------------------------------|-----------------------------------------|
| Establishment<br><b>Gabby's</b>                  | Phone Number<br><b>877-1953</b>  | No. of Risk Factor/Intervention Violations: <b>5</b>        | Zone: <b>2</b>                          |
| Street Address<br><b>1385 East Pershing Road</b> | Permit Holder<br><b>Al Cohen</b> | No. of Repeat Risk Factor/Intervention Violations: <b>2</b> | Risk: <b>1</b>                          |
| City/State<br><b>Decatur, IL</b>                 | ZIP Code<br><b>62526</b>         | Person in Charge (PIC)<br><b>Al Cohen / Robert Jones</b>    | Purpose of Inspection<br><b>Routine</b> |

## 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 |
|--------------------------------------------------|-----|-----|-----|-----------------------------------------------------------------------------------------------|-----|---|
| In                                               | Out | N/A | N/O |                                                                                               |     |   |
| <b>Supervision</b>                               |     |     |     |                                                                                               |     |   |
| 1                                                | ✓   |     |     | Person in charge present, demonstrates knowledge, and performs duties                         |     |   |
| 2                                                | ✓   |     |     | Certified Food Protection Manager (CFPM)                                                      |     |   |
| <b>Employee Health</b>                           |     |     |     |                                                                                               |     |   |
| 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                                    |     |   |
| <b>Good Hygienic Practices</b>                   |     |     |     |                                                                                               |     |   |
| 6                                                | ✓   |     |     | Proper eating, tasting, drinking, or tobacco use                                              |     |   |
| 7                                                | ✓   |     |     | No discharge from eyes, nose, and mouth                                                       |     |   |
| <b>Preventing Contamination by Hands</b>         |     |     |     |                                                                                               |     |   |
| 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                                   |     |   |
| <b>Approved Source</b>                           |     |     |     |                                                                                               |     |   |
| 11                                               | ✓   |     |     | Food obtained from approved source                                                            |     |   |
| 12                                               |     |     | ✓   | Food received at proper temperature                                                           |     |   |
| 13                                               |     | ✓   |     | Food in good condition, safe, and unadulterated                                               |     | ✓ |
| 14                                               |     |     | ✓   | Required records available: shellstock tags, parasite destruction                             |     |   |
| <b>Protection from Contamination</b>             |     |     |     |                                                                                               |     |   |
| 15                                               |     | ✓   |     | Food separated and protected                                                                  |     | ✓ |
| 16                                               |     | ✓   |     | Food-contact surfaces; cleaned and sanitized                                                  |     | ✓ |
| 17                                               | ✓   |     |     | Proper disposition of returned, previously served, reconditioned and unsafe food              |     |   |
| <b>Time/Temperature Control for Safety</b>       |     |     |     |                                                                                               |     |   |
| 18                                               |     |     | ✓   | Proper cooking time and temperatures                                                          |     |   |
| 19                                               |     |     | ✓   | Proper reheating procedures for hot holding                                                   |     |   |
| 20                                               |     |     | ✓   | Proper cooling time and temperature                                                           |     |   |
| 21                                               | ✓   |     |     | Proper hot holding temperatures                                                               |     |   |
| 22                                               |     | ✓   |     | Proper cold holding temperatures                                                              |     | ✓ |
| 23                                               | ✓   |     |     | Proper date marking and disposition                                                           |     |   |
| 24                                               |     |     | ✓   | Time as a Public Health Control; procedures & records                                         |     |   |
| <b>Consumer Advisory</b>                         |     |     |     |                                                                                               |     |   |
| 25                                               | ✓   |     |     | Consumer advisory provided for raw/undercooked food                                           |     |   |
| <b>Highly Susceptible Populations</b>            |     |     |     |                                                                                               |     |   |
| 26                                               |     |     | ✓   | Pasteurized foods used; prohibited foods not offered                                          |     |   |
| <b>Food/Color Additives and Toxic Substances</b> |     |     |     |                                                                                               |     |   |
| 27                                               |     |     | ✓   | Food additives: approved and properly used                                                    |     |   |
| 28                                               |     | ✓   |     | Toxic substances properly identified, stored, and used                                        |     | ✓ |
| <b>Conformance with Approved Procedures</b>      |     |     |     |                                                                                               |     |   |
| 29                                               |     |     | ✓   | 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.  
 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

| Compliance Status                       |     |     |     |                                                                                        | COS | R |
|-----------------------------------------|-----|-----|-----|----------------------------------------------------------------------------------------|-----|---|
| In                                      | Out | N/A | N/O |                                                                                        |     |   |
| <b>Safe Food and Water</b>              |     |     |     |                                                                                        |     |   |
| 30                                      |     |     |     | Pasteurized eggs used where required                                                   |     |   |
| 31                                      |     |     |     | Water and ice from approved source                                                     |     |   |
| 32                                      |     |     |     | Variance obtained for specialized processing methods                                   |     |   |
| <b>Food Temperature Control</b>         |     |     |     |                                                                                        |     |   |
| 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                                                       |     |   |
| <b>Food Identification</b>              |     |     |     |                                                                                        |     |   |
| 37                                      | ✓   |     |     | Food properly labeled; original container                                              |     |   |
| <b>Prevention of Food Contamination</b> |     |     |     |                                                                                        |     |   |
| 38                                      | ✓   |     |     | Insects, rodents, and animals not present                                              |     |   |
| 39                                      | ✓   |     |     | Contamination prevented during food preparation, storage and display                   |     | ✓ |
| 40                                      |     |     |     | Personal cleanliness                                                                   |     |   |
| 41                                      |     |     |     | Wiping cloths: properly used and stored                                                |     |   |
| 42                                      |     |     |     | Washing fruits and vegetables                                                          |     |   |
| <b>Proper Use of Utensils</b>           |     |     |     |                                                                                        |     |   |
| 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                                                                   |     |   |
| <b>Utensils, Equipment and Vending</b>  |     |     |     |                                                                                        |     |   |
| 47                                      | ✓   |     |     | Food and non-food contact surfaces cleanable, properly designed, constructed, and used |     | ✓ |
| 48                                      |     |     |     | Warewashing facilities: installed, maintained, & used; test strips                     |     |   |
| 49                                      | ✓   |     |     | Non-food contact surfaces clean                                                        |     | ✓ |
| <b>Physical Facilities</b>              |     |     |     |                                                                                        |     |   |
| 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, and clean                                   |     |   |
| 56                                      |     |     |     | Adequate ventilation and lighting; designated areas used                               |     |   |
| <b>Employee Training</b>                |     |     |     |                                                                                        |     |   |
| 57                                      |     |     |     | All food employees have food handler training                                          |     |   |
| 58                                      | ✓   |     |     | Allergen training as required                                                          |     | ✓ |

Person in Charge (Signature)

Date

10/13/2020

Inspector (Signature)

Bie

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|                                                                               |                                                                                                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|------------------------------------------|-------------------------|-----------------------------------------------------------------|-------------------------|
| Establishment<br><b>Gabby's</b>                                               |                                                                                                                                                                                                                                              |                              |                         |                                          |                         | Zone: <b>2</b>                                                  |                         |
|                                                                               |                                                                                                                                                                                                                                              |                              |                         |                                          |                         | Risk: <b>1</b>                                                  |                         |
| <b>TEMPERATURE OBSERVATIONS</b>                                               |                                                                                                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |
| Item/Location                                                                 |                                                                                                                                                                                                                                              | Temp                         | Item/Location           |                                          | Temp                    | Item/Location                                                   |                         |
| Milk (Walk-in)                                                                |                                                                                                                                                                                                                                              | 36°F                         | Ham (Walk-in)           |                                          | 21°F                    | Chicken Noodle Soup (Well 1)                                    |                         |
| Sausage (Walk-in)                                                             |                                                                                                                                                                                                                                              | 37°F                         | Beef (Walk-in)          |                                          | 22°F                    | Green Beans (Well 2)                                            |                         |
| Sausage (Reach-in)                                                            |                                                                                                                                                                                                                                              | 39°F                         | Ice Cream (Frozen)      |                                          | 8°F                     | Gravy (Well 3)                                                  |                         |
| Tomatoes (Production)                                                         |                                                                                                                                                                                                                                              | 37°F                         | Ice Cream (Frozen)      |                                          | 10°F                    | Taco Beef (Well 4)                                              |                         |
| Pie (Reach-in 2)                                                              |                                                                                                                                                                                                                                              | 33°F                         | Chicken (Reach-in)      |                                          | 1°F                     | Ham + Beans (Well 5)                                            |                         |
| * Eggs (Counter)                                                              |                                                                                                                                                                                                                                              | 78°F                         | Fries (Reach-in)        |                                          | 3°F                     | Pork (Well 6)                                                   |                         |
| <b>SANITIZER OBSERVATIONS</b>                                                 |                                                                                                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |
| Sanitizer Type<br><b>Chlorine (Low Temp Dish Machine) / Quat (Buckets x2)</b> |                                                                                                                                                                                                                                              |                              |                         |                                          |                         | Concentration/Temp<br><b>Oppm → 100ppm (Corrected) / 200ppm</b> |                         |
| <b>OBSERVATIONS AND CORRECTIVE ACTIONS</b>                                    |                                                                                                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |
| Item Number                                                                   | Violations cited in this report must be corrected within the time frames below.                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |
| * 13                                                                          | Cans (2) of tuna observed in dry storage with dents so severe the seams were bent. Cans were discarded during inspection. (P) + Corrected +                                                                                                  |                              |                         |                                          |                         |                                                                 |                         |
| * 15                                                                          | (Repeat) Container of raw chicken observed stored above fully cooked sausage and diced green peppers in the kitchen tell boy reach-in cooler. Potential contaminant was removed and placed below RTE foods to reduce risk. (P) + Corrected + |                              |                         |                                          |                         |                                                                 |                         |
| * 16                                                                          | (Repeat) Encrusted debris observed on can opener blade stored as clean in basket. Equipment was cleaned during inspection. (P) + Corrected +                                                                                                 |                              |                         |                                          |                         |                                                                 |                         |
| * 16                                                                          | Chlorine sanitizer in the low temp dish machine measured Oppm. Solution would not pull from dispensing tube. Manager primed machine and solution measured 100ppm. Inspect unit daily to monitor and identify risk. (P) + Corrected +         |                              |                         |                                          |                         |                                                                 |                         |
| * 22                                                                          | Shell eggs observed with a internal temperature of 78°F. Eggs were in a lexon and left at room temperature. Due to unknown length in the temperature danger zone, item was discarded immediately. (P) + Corrected +                          |                              |                         |                                          |                         |                                                                 |                         |
| 28                                                                            | Spray bottle of degreaser observed in the dish room without a label to identify contents. Spray bottle of glass cleaner observed labeled sanitizer. Label items correctly to reduce risk. (P) + Corrected +                                  |                              |                         |                                          |                         |                                                                 |                         |
| <b>CFPM VERIFICATION</b>                                                      |                                                                                                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |
| Name<br><b>Al Cohen (Expired)</b>                                             |                                                                                                                                                                                                                                              | Name<br><b>Robert Shores</b> |                         | Name<br><b>Richard Andrews (Expired)</b> |                         | Name<br><b>Tina Blezier</b>                                     |                         |
| ID#<br><b>01681038</b>                                                        | Exp Date<br><b>7/20</b>                                                                                                                                                                                                                      | ID#<br><b>21698826</b>       | Exp Date<br><b>8/25</b> | ID#<br><b>01687268</b>                   | Exp Date<br><b>9/20</b> | ID#<br><b>21679897</b>                                          | Exp Date<br><b>3/25</b> |
| HACCP Topic: <b>Pest Management</b>                                           |                                                                                                                                                                                                                                              |                              |                         |                                          |                         |                                                                 |                         |

Person in Charge (Signature) *[Signature]*

Inspector (Signature) *[Signature]*

Date 10/13/2020

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Check one) |
| Follow-up Date(s): <u>Will Call</u>                                                        |
| Fee Assessed: <u>\$250.00 (Closure)</u>                                                    |

*See*



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## FOOD ESTABLISHMENT INSPECTION REPORT

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Establishment<br><u>Gabby's</u>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zone: <u>2</u><br>Risk: <u>1</u> |
| <b>OBSERVATIONS AND CORRECTIVE ACTIONS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| Item Number                                | Violations cited in this report must be corrected within the time frames below.                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| 35                                         | Tubes (3) of raw ground beef observed thawing and laying on the drain board of the three-compartment sink. Thaw under cool running water (below 70°F) to reduce risk of bacterial growth. (C) + Corrected +                                                                                                                                                                                                                                            |                                  |
| 37                                         | Bulk container of powdered sugar observed without a label to identify contents. (C)                                                                                                                                                                                                                                                                                                                                                                    |                                  |
| 37                                         | Shaker of powdered sugar observed without a label to identify contents. (C)                                                                                                                                                                                                                                                                                                                                                                            |                                  |
| + 38                                       | (Imminent Health Hazard) Severe infestation of live german cockroaches observed in multiple areas including the expo line, dry storage, prep, and the cooks line. Majority of infestation observed at the expo line, behind the tell boy reach-in cooler, and the cooks/production line. Due to severity of infestation and risk of cross-contamination, location is closed until pest infestation is eliminated. (Pf) + Follow Up Required (Closure). |                                  |
| 39                                         | (Repeat Behavior) Case of chicken observed stored on the floor located in the walk-in cooler. Elevate at least 6 inches off the floor to reduce risk. (C) + Corrected +                                                                                                                                                                                                                                                                                |                                  |
| 43                                         | (Repeat Behavior) Ice bucket observed stored face up when not in-use. Invert when not in-use to reduce risk. (C) + Corrected +                                                                                                                                                                                                                                                                                                                         |                                  |
| 45                                         | Plastic clamshell container observed stored face up. Invert when not in-use to reduce risk. (C) + Corrected +                                                                                                                                                                                                                                                                                                                                          |                                  |
| 47                                         | (Repeat) Expo line FRP (North Side) observed damaged / held together with duct tape making the surface no longer smooth and easily cleanable and is a current harborage for live german cockroaches. (C)                                                                                                                                                                                                                                               |                                  |
| 49                                         | (Repeat) Body and balster of can opener blade observed soiled with heavy grease build-up. (C)                                                                                                                                                                                                                                                                                                                                                          |                                  |
| 49                                         | (Repeat) Data cables (2) for PAS printers observed with heavy grease build-up. (C)                                                                                                                                                                                                                                                                                                                                                                     |                                  |
| 49                                         | (Repeat) Excessive debris/build-up observed on shelving (middle line expo). (C)                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| 51                                         | Plumbing leak observed under the three-compartment sink creating a large area of standing water. (C)                                                                                                                                                                                                                                                                                                                                                   |                                  |
| 55                                         | (Repeat) Damaged floor tiles observed in front of the three-compartment sink making the surface no longer smooth and easily cleanable. (C)                                                                                                                                                                                                                                                                                                             |                                  |
| 55                                         | (Repeat) Missing floor tiles (S+) observed under the low temp dish machine making the surface no longer smooth and easily cleanable. (C)                                                                                                                                                                                                                                                                                                               |                                  |
| 55                                         | (Repeat) Floor grout at the middle alley cooks line observed worn/missing greater than 1/8" making the surface no longer smooth and easily cleanable. (C)                                                                                                                                                                                                                                                                                              |                                  |
| 55                                         | (Repeat) Excessive debris/standing water observed on floor under the low temp dish machine. (C)                                                                                                                                                                                                                                                                                                                                                        |                                  |
| 55                                         | (Repeat) Excessive debris observed on floor behind prep table/lavens (Back of house). (C)                                                                                                                                                                                                                                                                                                                                                              |                                  |
| 55                                         | (Repeat) Heavy grease build-up observed on floor under all equipment (cooks line). (C)                                                                                                                                                                                                                                                                                                                                                                 |                                  |

Person in Charge (Signature) [Signature]

Date 10/13/2020

Inspector (Signature) [Signature]

*[Handwritten mark]*



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# FOOD ESTABLISHMENT INSPECTION REPORT

| Establishment                       |                                                                                                                                                                                         | Zone: 2 |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Gabby's                             |                                                                                                                                                                                         | Risk: 1 |
| OBSERVATIONS AND CORRECTIVE ACTIONS |                                                                                                                                                                                         |         |
| Item Number                         | Violations cited in this report must be corrected within the time frames below.                                                                                                         |         |
| SS                                  | Excessive debris observed on floor behind the Kitchen tall boy reach-in cooler. (C)                                                                                                     |         |
| SS                                  | Excessive debris observed on floor under the bag-in-box storage rack. (C)                                                                                                               |         |
| SS                                  | Standing slimy water observed on floor under the three-compartment sink. (C)                                                                                                            |         |
| S8                                  | (Repeat) No manager observed with ANSI accredited Allergen Training. (C)                                                                                                                |         |
|                                     | + Due to imminent health hazard with severe infestation of german cockroaches and multiple repeat high risk observations, business permit has been suspended until further notice.      |         |
|                                     | Prior to re-opening, the following must be completed.                                                                                                                                   |         |
|                                     | 1) All violations not corrected during inspection must be resolved                                                                                                                      |         |
|                                     | 2) CAP (Corrective Action Plan) must be submitted to the health department detailing measures taken to correct violations and steps necessary to prevent future risk based observations |         |
|                                     | 3) Submit re-inspection fee of \$250.00 to the health department.                                                                                                                       |         |
|                                     | Covid-19 Observations                                                                                                                                                                   |         |
|                                     | 1) At time of arrival to facility, no staff (4) observed wearing a mask                                                                                                                 |         |
|                                     | 2) Signage observed at entrance to facility regarding masks to enter.                                                                                                                   |         |
|                                     | 3) Booth/seating areas are manually spaced by servers when diners are set to encourage social distancing                                                                                |         |

Person in Charge (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Inspector (Signature) \_\_\_\_\_

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Inspector (Signature)























