☒ 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 _____

Zone: 2 Risk: 1

RETAIL FOOD SANITARY INSPECTION REPORT

Telephone: 875-5700

Name of Establishment: County Market Address: 1400 E Pershing Rd

Owner or Operator: _____ City: Decatur Zip Code: 62526

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

Temperatures: Temp/PPM Chemical _____ Hot Foods _____ Cold Foods _____

Certified Manager:
Name: _____ No: _____

Item	Rule No.	Remarks and Recommendations for Corrections	Corrected by	*
35	1160	Presence of rodents observed.	10 days	
	1170	Measures to control infestation are proceeding, with pest control company making visits every other day. Many new glue boards observed, but few rodents observed in traps, but live rodents observed running along walls & corners. Continue to monitor control efforts.		

Report and Instructions Received by: Travis Hutchcraft (Signature of Owner or Representative)

Date: 01-04-2018 Time: 2 a.m. or p.m. Sanitation Score X 90 (100 Minus Demerits)

Page 1 of 1 Inspector's Signature: Brian Wood

* Repeat Violation

MW