## **Food Establishment Inspection Report**

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Local Health Department Name and Address Clinton County Health Department							No. of Risk Factor/Intervention Violations  Date May 22, 2024							
991 Franklin St.						Time In								
Establishment License/Permit#					- No	No. of Repeat Risk Factor/Intervention Violations O Time Out 11:28 AN						AM		
Siblings and Company - New Baden 027-2985-2024					Permit Holder Risk Category									
Street Address						Anne Rutz								
8021 State Rt. 160							Purpose of Inspection							
	/State		ZIP Code		Routine									
ive	w Baden		62265											
		FOODBORNE	ILLNESS RISK FA	CTO	RS A	ANI	) PI	UBLIC HEAL	TH INTERVENT	IONS				
	IN=in compliance	ed compliance status (IN, OUT, I OUT=not in compliance N/ Mark "X" in appropriate box to corrected on-site during inspect	O=not observed Nor COS and/or R	/A=not			ole	prevalent co	ontributing factors o	of foodborne i	edures identified as t Ilness or injury. Publ nt foodborne illness o	lic heal	lth	
Con	npliance Status			cos	R		Com	pliance Status				cos	R	
		Supervision		- 1	-0.00		eues I		Protection fro	500E CO - ZA 100	ntion	i i		
1	IN	Person in charge present, demonstr performs duties	rates knowledge, and				15	IN	Food separated a		December 4 August 4	-		
2	IN	Certified Food Protection Manager	(CFPM)	_		1	16	IN	Food-contact sur			-		
	IIN	Employee Health			1		17	IN	reconditioned an	44.44.5 BUTHER BUTHER WAS STATE	reviously served,			
3	15.1	Management, food employee and o	conditional employee;		T	1			Time/Temperatu	re Control fo	r Safety			
3	IN	knowledge, responsibilities and rep	orting			_   †	18	NO	Proper cooking ti	16.9				
4	IN	Proper use of restriction and exclus	ion				19	NO	Proper reheating	procedures for	hot holding			
5	Procedures for responding to vomiting and diarrheal events					_	20	NO	Proper cooling tir	ne and tempera	ature			
		Good Hygienic Practice	s		_		21	IN	Proper hot holdin	ng temperature:	s			
6	IN	Proper eating, tasting, drinking, or t	tobacco use			4	22	IN	Proper cold holdi	ng temperature	s			
7	IN	No discharge from eyes, nose, and	mouth		_		23	IN	Proper date mark	ing and disposi	tion			
		Preventing Contamination by	/ Hands				24	NA	Time as a Public I	Health Control;	procedures & records			
8	NO	Hands clean and properly washed				1			Consum	er Advisory				
9	IN	No bare hand contact with RTE food alternative procedure properly allow	Construction of the contract o				25	NA	Consumer adviso	ry provided for	raw/undercooked food			
10	IN	Adequate handwashing sinks prope	209240	ale .	\. 1   1   1   1   1   1   1   1   1   1	1			Highly Suscep	tible Populat	ions			
10	IIN	Approved Source	rry supplied and accessi	ne	1	1	26	IN	Pasteurized foods	s used; prohibit	ed foods not offered			
11	INI	Food obtained from approved sour	re		1	1			ood/Color Additive	es and Toxic S	ubstances	0 0		
12	IN NO	Food received at proper temperatu		+	-	+ [	27	NA	Food additives: a	pproved and pr	operly used			
13	NO INI	Food in good condition, safe, and u	- COS	_	1	+ [	28	IN	Toxic substances	properly identi	fied, stored, and used			
-30224	Food in good condition, safe, and unadulterated  Required records available: shellstock tags, parasite			1	1			Conformance with	Approved Pr	ocedures				
14	NA	destruction	and the		-01-		29	NA	Compliance with	variance/specia	lized process/HACCP			
			GOO	D RE	TAI	LΡ	RA	CTICES	411					
М		Good Retail Practices are prever mbered item is not in compliance						7 TO 20	emicals, and physica S=corrected on-site			/iolatic	on	
				cos	R							cos	F	
Safe Food and Water							,		Proper Use	e of Utensils		1/2	Y/	
30	Pasteurized eggs u	ised where required				43		In-use utensils: pr	operly stored					
31	Water and ice from approved source					44	-	Utensils, equipme	ent & linens: properly s	stored, dried, &	handled			
32 Variance obtained for specialized processing methods						45		Single-use/single-	service articles: prope	rly stored and u	sed	$\perp$		
		Food Temperature Contro	ol			46		Gloves used prope	erly					
33	Proper cooling me	Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending								
34	Plant food properly cooked for hot holding					47		Food and non-foo and used	d contact surfaces cle	anable, properly	y designed, constructed	4		
35	Approved thawing methods used				_	48		Carrier and Aller	lities: installed, mainta	nined. & used: t	est strips			
36 Thermometers provided & accurate						49		Non-food contact						
		Food Identification				100.70	_		A CALLERY BOTH THE STATE OF THE	Facilities				
37	Food properly labe	eled; original container			_	50		Hot and cold water	er available; adequate	Managari Ma				
Prevention of Food Contamination						51	-		d; proper backflow dev	Ā/————				
38	Insects, rodents, a	nd animals not present				52	-	DAYS	e water properly dispo	470				
39	Detailed the state of the second test on the felt of the second test o					53		Security of the security of th	operly constructed, su		ed			
40 Personal cleanliness							1							
41						55	-	- W - W - CE - COUNTY - X	installed, maintained,	V259360		X		
42 Washing fruits and vegetables						56	-	Visit when the company and a state of the company of	tion and lighting; desig		ed .			
								(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		e Training				
						57		All food employee	es have food handler to	(i) (i)				
						58	-	Allergen training a	EX 420	and the second				

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Establishment: Sik	olings and Company - New Bade	en	Establishment #: 027-2985-2024						
Water Supply: [	☑ Public ☐ Private Waste Wa	ater System: 🛛 P	ublic 🗆	Private					
		TEMPERATURE	OBSERV/	ATIONS					
Location and Iter	m Description	Temp	Location	and Iter	n Description		Temp		
stove top	spaghetti	152							
oven	french fries	137							
freezer air temps	5, -12, -6								
kitchen fridge	milk	34							
kitchen fridge	green beans	39							
overstock fridge	orange juice	38							
			12						
		SANITIZING O	920-22-13: 113			T ====================================			
Location and Iter	m Description		PPM	Sanitizer Type		Temp	)		
sanitizer bottle			100	chlorine					
			-	<u> </u>					
				1					
CFPM VERIFICAT	Certification	Certification			Expiration Dat	e			
					03/09/2024				
					03/09/2024				
Jane Heil	L2SC-3-0139	 53			10/06/2026				
		**							
		HACCP	TOPIC:						
Glove use, hand	washing								
	va Ret	May 22, 202	4	_					
Person in Charge (		Date							
Holl	5-7-i	Follow-up: D	] YES ⊠	NO (Che	eck one) Follov	v-up Date:			
nspector (Signatu	re)			8					

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Establishment: Siblings and Company - New Baden	Establishment #: 027-2985-2024
OBSERVATI	IONS AND CORRECTIVE ACTIONS
Item Number Violations cited in th	nis report must be corrected within the time frames below.
General Comments:	
Education Campaign, Phase I - 24'	
Item # 54  Code Reference: 5-501 113 (C) - Recentacles and waste hand	dling units for refuse, recyclables, and returnables shall be covered with tight-fitting
lids or doors if kept outside.	uning units for refuse, recyclables, and returnables shall be covered with light-litting
Observation: Dumpster lid was left open. Correction Time Frame: (Corrected on site during inspection)	
INVERE	NA = 1 00 000 4
Person in Charge (Signature)	— <u>May 22, 2024</u> Date
	Fellows und Diver Mile (Charles and St. 1997)
Inspector (Signature)	Follow-up: Yes No (Check one) Follow-up Date: