Food Establishment Inspection Report

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Clinto	n County Health Departme	artment			No	of R	isk Fa	actor/Interve	ention Violations	\mathbf{O}	Date Dec 2	29, 202	22
991 Franklin St.						Time In 11:3					:30 AM	/ l	
Carlyle, IL 62231 Establishment License/Permit #					No. of Repeat Risk Factor/Intervention Violations Time Out								
Siblings and Company - New Baden 027-2985-2024					Permit Holder Risk Category								
Stree	et Address		7:		An	ne Rı	utz						
802	21 State Rt. 16	50			Pu	rpose	ofIr	nspection					
City/State ZIP Code					Routine								
Nev	v Baden		6226	5									
		FOODBORNE	ILLNESS RISK	FACTO	RS A	ND	PU	BLIC HEA	LTH INTERVENT	TIONS			
	Circle designat	ted compliance status (IN, OUT	, N/O, N/A) for each	numbere	ed iten	n		Di I C				S. 1 (2 (2 A 1) (3)	
II	N=in compliance	OUT=not in compliance N	Z/)	N/A=no	t app	icable	е		ors are important practions of contributing factors of				
	cos-	Mark "X" in appropriate bos corrected on-site during inspec	adition comment the entire of the	iolation					ons are control meas		8,500 . 277		
	1010476654	corrected on-site during inspec	ction K-repeat v	Janes day-bekangge			· COLFORNIO	l company and a second					
Com	oliance Status			co	S R		ompi	liance Status	B		- O		cos
		Person in charge present, demons	strates knowledge, and	d	eren e	1	-	NO	Food separated a	- 50E - 70 - 20 E 00		Ť	-1
1	IN	performs duties	strates knowledge, and			1		NO	Food-contact sur			_	
2	IN	Certified Food Protection Manage	er (CFPM)							- 3	, previously served,		-
	11.4	Employee Health				1	7	IN	reconditioned an			455	
3	IN	Management, food employee and	NO.	e;					Time/Temperata	ire Control f	or Safety		
		knowledge, responsibilities and re	20.000000000			1	8	NO	Proper cooking ti	me and temp	eratures		
4	<u> </u>	Proper use of restriction and excl	1598n 92 Cts (1970 87		-	1:	9	NO	Proper reheating	procedures fo	or hot holding		
5	<u> </u>	Procedures for responding to von	and the same to the same that the same and the same	ents	4	21	0	NO	Proper cooling ti	me and tempe	rature		
		Good Hygienic Practic			1	2	1	NO	Proper hot holding	ng temperatur	es		
6	NO	Proper eating, tasting, drinking, o			1411	2	2	IN	Proper cold hold	ing temperatu	res		
7	<u>NO</u>	No discharge from eyes, nose, and			4	2	3	IN	Proper date mark	king and dispo	sition	100151	
0	NIO	Preventing Contamination	to Carta and Car		T	2	4	NA	Time as a Public	Health Control	l; procedures & rec	ords	
8	NO	No bare hand contact with RTE fo				1	_		ATRA-ODSHAROS	er Advisory			
9	NO	alternative procedure properly al	the second of th			2.	5	<u>NA</u>			or raw/undercooke	d food	
10	IN	Adequate handwashing sinks proj	perly supplied and acco	essible					Highly Suscep	107210	STATE OF STREET	- 12 T	- 1
Qu.		Approved Source		2		20	6	IN			oited foods not offe	red	
11	IN	Food obtained from approved so	urce				-		Food/Color Additiv	EE VAN	THE PARTY NAMED IN COLUMN 1987	Ť	-1
12	NO	Food received at proper tempera	ture			2		<u>NA</u>	Food additives: a	AND ADDRESS A	Andrea he say as hear	usad	-
13	IN	Food in good condition, safe, and	unadulterated			2	<u> </u>	<u> </u>	Conformance with		tified, stored, and	used	
14	NA	Required records available: shells destruction	tock tags, parasite			2:	9	NΙΛ	100 00 000		cialized process/HA	VCCB	-1
	1 47 (destruction	G	OOD RE	TAI	To the latest	TOTAL CONTRACT	NA TICES	compliance with	variance, spec	lanzea processyria	icci	
		Cand Datail Departions are sure						D.	bearings and about	. . .	a famile		
Ma		Good Retail Practices are prevented item is not in complian						0 10 100 100 100 100 100 100 100 100 10	COS=corrected on-sit			peat viol	lation
				cos	R								cos
		Safe Food and Water							Proper Us	e of Utensils		1	
30	Pasteurized eggs used where required					43	Ir	n-use utensils:	properly stored		1		I
31	Water and ice from approved source					44	U	Itensils, equipr	ment & linens: properly	stored, dried,	& handled		
32	Variance obtained for specialized processing methods					45	S	ingle-use/singl	le-service articles: prope	rly stored and	used		
		Food Temperature Cont	rol			46	G	iloves used pro	operly				
33	Proper cooling me	ethods used; adequate equipment f	or temperature contro	ol			- 10		Utensils, Equipr	nent and Ve	nding		
34	Plant food properly cooked for hot holding					47	F-10-10-10-10-10-10-10-10-10-10-10-10-10-	트리 레티프 전다 10 트라스(에) 시작하다면서 10 분이 되었다.	food contact surfaces cle	anable, prope	rly designed, const	ructed,	
35	Approved thawing methods used					48	350	nd used	acilities: installed, maint	ainad & usad	tast strips		-
36 Thermometers provided & accurate						49		4 2 70	act surfaces clean	airieu, & useu,	test suips	-+	
		Food Identification				1.2		1011 100 d co11d		l Facilities			
37	Food properly lab	eled; original container				50	Н	lot and cold w	ater available; adequate	ANACA EMINASE - ACADA CANACA C			-1
		Prevention of Food Contam	ination			51	_		lled; proper backflow de	¥			-
38 Insects, rodents, and animals not present						52	100	V.A	ste water properly dispo	477			
39						53	1 2 2 2		properly constructed, su		ined		
40						54	_		se properly disposed; fa	(5)(5)			
41 Wiping cloths: properly used and stored						55		7 To 100	es installed, maintained,	V259768)			
42	Washing fruits and	dvegetables				56			lation and lighting; desig		sed		
						34	- 1		Employe	e Training			- 10
						57	А	ll food employ	yees have food handler t	raining			
						58	А	Allergen trainin	ng as required				

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Establishment:	Siblings and Company - New Ba	den		Establish	ment #: <u>027-2985-2024</u>	92
Water Supply:	☑ Public ☐ Private Waste \	Nater System: ⊠ P	ublic 🗖	Private		
		TEMPERATURE	OBSERVA	ATIONS		
Location and I	tem Description	Temp	Location	and Item Description		Temp
kitchen fridge	milk	37				
freezer	air temp	3				
chest freezer	air temp	1				
kitchen fridge	OJ	38	1			
		-	10			
			3			
			1			
		SANITIZING O			T	
	tem Description		PPM	Sanitizer Type	Temp	
spray bottle			100	chlorine	7 6	
CFPM VERIFIC	ATION - Name	Certification	n	ID#	Expiration Date	
					03/09/2024	
7	1,000,0,0100			03/09/2024		
Jane Heil	L2SC-3-0139	53		10/06/2026		
		HACCP	TOPIC:			
Receiving and	storing food					
Latex Glove B	an					
La	nes Offini	Dec 29, 202	2			
Person in Charg	e (Signature)	Date				
nspector (Signa	ature)	Follow-up: E	J YES ⊠	NO (Check one) Follo	w-up Date:	

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Establishment:	Siblings and Company - New Baden	Establishment #: 027-	2985-2024					
	OBSERVATION	S AND CORRECTIVE ACTIONS						
Item Number	Item Violations cited in this report must be corrected within the time frames below							
? Establishment ? Certified Food ? Food Handler ? Employee Hea ? Discussed Edu	eted for initial electronic inspection using Health Space Conformation in HS GOVTECH database verified and comprotection Manager Certificates recorded. and Allergen Awareness Training Certificates reviewed. alth and Hygiene Documents reviewed. acation Campaign documents with food service employed ort emailed to food establishment manager and/or owners.	es and/or manager(s).						
D								
>								
7.								
Person in Charge (1 10	ec 29, 2022 ate						
Inspector (Signatu	UCG .	ollow-up: Yes No (Check one)	Follow-up Date:					