

Food Establishment Inspection Report

Winnebago County Health Department 555 N. Court Street, P.O. Box 4009 Rockford, IL 61110 (815) 720-4100		No. of Risk Factor/Intervention Violations: 0 No. of Repeat Risk Factor/Intervention Violations: 0	Date: 02/04/2019 Time In: 10:16 AM Time Out: 11:12 AM
Establishment: Aramark @ Winnebago Corrections	License/Permit #: 19-161 Est. #: FS-1824	Permit Holder: Aramark @ Winnebago Corrections	
Street Address: 650 West State Street City: Rockford State: IL ZIP Code: 61102		Purpose of Inspection: Routine	Risk Category: Category IIIa - High (1-50 seats)

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		COS	R
Supervision			
1.	IN	Charge present, demonstrates knowledge, and performs duties	
2.	IN	Certified Food Protection Manager (CFPM)	
Employee Health			
3.	IN	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4.	IN	Proper use of restriction and exclusion	
5.	IN	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices			
6.	IN	Proper eating, tasting, drinking, or tobacco use	
7.	IN	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8.	IN	Hands clean and properly washed	
9.	IN	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10.	IN	Adequate handwashing sinks properly supplied and accessible	
Approved Source			
11.	IN	Food obtained from approved source	
12.	N/O	Food received at proper temperature	
13.	IN	Food in good condition, safe, and unadulterated	
14.	N/A	Required records available: shellstock tags, parasite destruction	

Compliance Status		COS	R
Protection from Contamination			
15.	IN	Food separated and protected	
16.	IN	Food-contact surfaces; cleaned and sanitized	
17.	IN	Proper disposition of returned, previously served, reconditioned and unsafe food	
Time/Temperature Control for Safety			
18.	IN	Proper cooking time and temperatures	
19.	IN	Proper reheating procedures for hot holding	
20.	N/O	Proper cooling time and temperature	
21.	IN	Proper hot holding temperatures	
22.	IN	Proper cold holding temperatures	
23.	IN	Proper date marking and disposition	
24.	IN	Time as a Public Health Control; procedures & records	
Consumer Advisory			
25.	N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26.	N/A	Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances			
27.	N/A	Food additives: approved and properly used	
28.	IN	Toxic substances properly identified, stored, and used	
Conformance with Approved Procedures			
29.	N/A	Compliance with variance/specialized process/HACCP	

GOOD RETAIL PRACTICES

Compliance Status		COS	R
Safe Food and Water			
30.	IN	Pasteurized eggs used where required	
31.		Water and ice from approved source	
32.	N/A	Variance obtained for specialized processing methods	
Food Temperature			
33.	IN	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	
Utensils, Equipment and Vending			
37.		Food properly labeled; original container	
Utensils, Equipment and Vending			
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	

Compliance Status		COS	R
Proper Use of Utensils			
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	
Utensils, Equipment and Vending			
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	
Utensils, Equipment and Vending			
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.	OUT	Physical facilities installed, maintained, and clean	X
56.		Adequate ventilation and lighting; designated areas used	
Utensils, Equipment and Vending			
57.		All food employees have food handler training	
58.		Allergen training as required	

X Rm Si
 Person in Charge (Signature)

02/04/2019
 Date

DL
 Inspector (Signature)

377
 EHS ID#

Follow-up: ☐ YES ☒ NO
 Follow-up Date:

Food Establishment Inspection Report

Establishment Name: Aramark @ Winnebago Corrections

Establishment #: FS-1824

Water Supply: ☒ PUBLIC ☐ PRIVATE

Waste Water System: ☒ PUBLIC ☐ PRIVATE

TEMPERATURE AND SANITIZER OBSERVATIONS

Item/Location	Temp/PPM	Item/Location	Temp/PPM	Item/Location	Temp/PPM
BEANS/TRAY LINE	167				
TACO MEAT/TRAY LINE	172				
POTTOES/TRAY LINE	159				
MAYO/WALK-IN COOLER	37				
FRIES/WALK-IN COOLER	36				
CARROTS/WALK-IN COOLER	38				
BUTTER/WALK-IN COOLER	41				
QUAT/WIPING CLOTH BUCKET	200				

GENERAL COMMENTS

GC: THE HIGH TEMP. DISH MACHINE IS SANITIZING WARES PROPERLY @ 180F.

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the timeframes below	Corrected By
55	6-501.16 (C) Mop was found stored incorrectly in-between use. Mops shall be placed in a position that allows them to air-dry without soiling walls, equipment, or supplies. Reference 6-501.16.	2 / 4 / 2019 <input type="checkbox"/> Next Routine Insp <input checked="" type="checkbox"/> COS

CFPM Verification (name, expiration date, ID#):

Rebeca Streit MGR. Exp. Date: 10/13/2021 I.D. 14246584	MGR. Exp. Date: I.D.	MGR. Exp. Date: I.D.	MGR. Exp. Date: I.D.
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HACCP Topic: SPOKE WITH REBECA ABOUT THE IMPORTANCE OF TAKING SAFE & EFFECTIVE MEASURES TO ELIMINATE PESTS BY KEEPING THE MOP HEADS STORED IN A DRYING POSITION.

XP Rein

Person in Charge (Signature)

02/04/2019
Date

BT

Inspector (Signature)

377
EHS ID#

Follow-up: ☐ YES ☒ NO
Follow-up Date: