

Food Establishment Inspection Report

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Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations 3	Date 10/16/2024
Establishment Midway Duck Inn		No. of Repeat Risk Factor/Intervention Violations 0	Time In 3:30 PM
Street Address 2112 State Route 26		Permit Holder M & T Midway Duck Inn Business Inc	Time Out 5:35 PM
City/State LowPoint, IL		Risk Category I	
ZIP Code 61545		Purpose of Inspection Routine Inspection	

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	Compliance Status	COS	R
Supervision				Protection from Contamination		
1	In	Person in charge present, demonstrates knowledge, and performs duties		15	In	Food separated and protected
2	In	Certified Food Protection Manager (CFPM)		16	Out	Food-contact surfaces; cleaned and sanitized
Employee Health				17	In	Proper disposition of returned, previously served, reconditioned and unsafe food
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		Time/Temperature Control for Safety		
4	In	Proper use of restriction and exclusion		18	In	Proper cooking time and temperatures
5	In	Procedures for responding to vomiting and diarrheal events		19	In	Proper reheating procedures for hot holding
Good Hygienic Practices				20	In	Proper cooling time and temperature
6	In	Proper eating, tasting, drinking, or tobacco use		21	Out	Proper hot holding temperatures
7	In	No discharge from eyes, nose, and mouth		22	In	Proper cold holding temperatures
Preventing Contamination by Hands				23	In	Proper date marking and disposition
8	In	Hands clean and properly washed		24	N/A	Time as a Public Health Control; procedures & records
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory		
10	Out	Adequate handwashing sinks properly supplied and accessible		25	In	Consumer advisory provided for raw/undercooked food
Approved Source				Highly Susceptible Populations		
11	In	Food obtained from approved source		26	N/A	Pasteurized foods used; prohibited foods not offered
12	N/O	Food received at proper temperature		27	N/A	Food additives: approved and properly used
13	In	Food in good condition, safe, and unadulterated		28	In	Toxic substances properly identified, stored, and used
14	N/A	Required records available: shellstock tags, parasite destruction		29	N/A	Conformance with Approved Procedures
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 R=repeat violation						
Safe Food and Water		COS	R			
30	Pasteurized eggs used where required			43	Proper Use of Utensils	
31	Water and ice from approved source			44	43 X In-use utensils: properly stored	
32	Variance obtained for specialized processing methods			45	Utensils, equipment & linens: properly stored, dried, & handled	
Food Temperature Control				46	Single-use/single-service articles: properly stored and used	
33	Proper cooling methods used; adequate equipment for temperature control			47	Gloves used properly	
34	Plant food properly cooked for hot holding			Utensils, Equipment and Vending		
35	Approved thawing methods used			48	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
36	Thermometers provided & accurate			49	Warewashing facilities: installed, maintained, & used; test strips	
Food Identification				Physical Facilities		
37	Food properly labeled; original container			50	Non-food contact surfaces clean	
Prevention of Food Contamination				51	Hot and cold water available; adequate pressure	
38	Insects, rodents, and animals not present			52	Plumbing installed; proper backflow devices	
39	Contamination prevented during food preparation, storage and display			53	Sewage and waste water properly disposed	
40	Personal cleanliness			54	Toilet facilities: properly constructed, supplied, & cleaned	
41	Wiping cloths: properly used and stored			55	Garbage & refuse properly disposed; facilities maintained	
42	Washing fruits and vegetables			56	Physical facilities installed, maintained, and clean	
				57	Adequate ventilation and lighting; designated areas used	
				Employee Training		
				58	All food employees have food handler training	
				Allergen training as required		

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Establishment: Midway Duck Inn

Establishment #: 24 157

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Quaternary ammonium/Chlorine

PPM: 200/<25

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Gravy/steam table	173	Chili/steam well	143	Sliced tomatoes-cooling/RIC salad	48
Onions/flattop	163	Utensils/steam table	127	Spring greens/RIC salad	41
Corn/steam table	160	Au gratin potatoes/WIC	33	Homemade ranch dressing/RIC	40
Green beans/steam table	150	Sliced cheese/WIC	33		
Baked beans/steam table	138	Green beans/WIC	33		
Potatoes/steam table	194	Onions/WIC	34		
Hollandaise sauce/steam table	147	Peanut butter Thai sauce/WIC	34		
Vegetable beef soup/steam well	137	Precooked potatoes/WIC	37		
Chicken noodle soup/steam well	128	Shredded cheese/RIC salad prep	41		

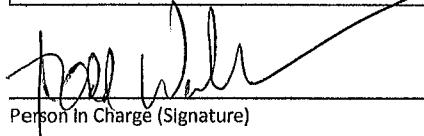
OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
10	5-205.11 (Pf) Observed at wait staff handwashing sink wall-mounted sanitizer dispenser tube draining into sink. A handwashing sink may not be used for purposes other than handwashing. Sanitizer dispenser tube removed from sink by person-in-charge during inspection.
16	4-501.114 (P) Observed at mechanical warewashing machine chlorine sanitizing solution measured less than 25 ppm using a chlorine test kit and water temperature was above 120° F. A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under 14-703.11(C) shall meet the criteria specified under §7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, and shall have a concentration of 25 - 49 ppm when the water temperature is above 120° F or 50-99 ppm when the water temperature is 75° F - 119° F. Chlorine sanitizing solution was primed by person-in-charge during inspection. Recheck = 25 ppm and water temperature above 120° F - OK.
21	3-501.16 (P) Observed in wait staff prep area chicken noodle soup measured 128° F using a food temperature measuring device with metal-stem. Using metal-stem thermometer provided at establishment, internal temperature of chicken noodle soup measured 130° F. Time/Temperature Control for Safety Food shall be maintained at 135° F or above. Reviewed TCS food hot-holding requirements and discussed HACCP concept with food employees and person-in-charge during inspection. Chicken noodle soup in steam well for less than 1 hour, according to food employees, and rapidly reheated by food employee during inspection. Recheck = 166° F - OK
37	3-302.12 (C) Observed in kitchen multiple squeeze containers of liquid food substances without name identifying contents on

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

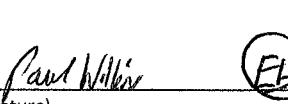
Todd Waldschmidt L2SC-3-006124 - Learn 2 Serve Exp. 11/2025	Ken Gaspar L2SC-3-023130 - Learn 2 Serve Exp. 7/2027		
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HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, proper sanitizing, employee health policy


Person in Charge (Signature)

Oct 16, 2024

Date


Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____

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