

- Food Service Establishment
- Retail Food Store
- Temporary
- Mobile

CITY OF OAK FOREST HEALTH DEPT.

15440 SOUTH CENTRAL AVENUE
OAK FOREST, ILLINOIS 60452
708-444-4818

- Original Inspection
- Follow-Up Inspection
- Other _____

RETAIL FOOD SANITARY INSPECTION REPORT

Name of Establishment _____ Owner / Agent _____

Address _____ Phone # _____

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

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

Grease Trap: _____ Pest Control: _____

Manager Certification NO.: _____

Item	Remarks and Recommendations for Corrections	Corrected by

Received by / Title _____ (Signature of Owner or Representative)

Sanitation Score _____ (100 Minus Demerits) Date _____

By _____ (Sanitarian) Time In _____ Time Out _____