## This food establishment was last inspected by the Chicago Department of Public Health on September 05, 2024

The inspection found the following violations of key portions of Chicago's Health Code:

	VIOLATION	cos			os T				
	spoiled, in poor condition, unapproved source, no labels			Non-compliance with ordinance: Clean Indoor Air, Public Health Nuisance					
				Toxic Items: Not properly used, stored, Iabeled					
				Inadequate: Refuse disposal, refuse					
	Inadequate: Sanitation, equipment, utensils, facilities	<u> </u>		areas, waste grease, area not clean, containers not covered					
<u> </u>	Inadequate Plumbing: Lack of cold/hot water, lack of water pressure	<b></b>		Non-compliance: Inspections, violations, procedures					
<u> </u>	Inadequate Disposal: Sewage, wastewater	<b>I</b>		employee health policy, clean-up policy, variance					
	Inadequate Facilities: Toilet and/or		V						
)	hand washing Pest Control: Infestation, evidence of pests, no pest control log book		<u> </u>	Sanitation Manager/certificate not posted					
pests, no pest control log book				Other	ennér 				
				COS, Corrected On Site	è				
Pas	ss with Conditions		Fai						
Sia	nature of Inspecting sanitarian:			40	1				
	siness Name HANUL FAMILY ALLIANC	If you have a complaint about a							
Ad	dress 5008 N Kedzie AVE CHICAGO,	food establishment, please phone 311							

By order of the municipal code, this inspection report summary must be posted in plain view of this establishment's customers. Altering or removing this document is punishable by law.



City of Chicago Brandon Johnson Mayor



Chicago Department of Public Health Olusimbo Ige, MD, MS, MPH Commissioner

/24, 10:49 AM							Inspe	ection							
Inspection #: 2602180		Chicago Department of Public Health No. of Risk Factor/Intervention Violation								ention Violations: 1					
License #: GD2487637		Food Protection Division								tions: (	)				
Inspection Type: Canvass		Food Establishment Inspection Report Telephone: 312.746.8030 FAX: 312.746.4240 Inspection Date: 09/05/2024									_	_			
Facility Type: Golden Diner		TTY: 312 744 2374 www.CitvofChicago.org/Health													
SR#: SFP#:		CDPHFood@cit				tyofchicago.or			rg			arted:08:50am	Completed:11:05ar	n 	
Fire #:		Days of Operation: M,Tu,W,Th,F				m: 08:30 AM To: 04:30			14:30 I				Supervisor's Badge #: 324		
	7io A\/E	Zip: 6062			5	5 Location on Site: 1			te: 1st	Business Phone: (773) 478-8851			73) 478-8851		
Business Address: 5008 N Kedzie AVE						NC				A/K/A: HA	ANU.	L FAMILY ALLIANCE			
Legal Name: Korean American		D/B/A: HANUL FAMIL													=
FOODBORNE ILLNESS RISK FAC						ND I	PUBI	LIC H	EAI	LTH INT	ER	VENTIONS	t and attended to	- max	
INI-! wantion	on OHT-not in co	tatus (IN, OUT, N/O, N/A) for each nur ompliance N/O=not observed N/A= COS=corrected on-site during inspe	not ab	DIICA	DIE	ant vic	lation	m	ravala	ant contribution	na fa	ant practices or proce actors of foodborne ill I measures to preven	lness or injury. Public	: healti	h
Compliance Status	X for COS and/of K	GOS=GOTTECTED OIT-Site during inspe		R	Col	mplia	nce S	Status						cos	
	SUPERV											OM CONTAMI	NATION		_
	erson in charge pre erforms duties	esent, demonstrates knowledge, and			_	"Married"		N/A N/	_	ood separate	_				_
- P		d Service Sanitation Certificate	e Sanitation Certificate			- I					aces; cleaned & sani		$\vdash$		
- Comment	EMPLOYER	HEALTH			17 (IN) OUT Proper disposition of returned, preconditioned & unsafe food						nsafe food				
3 (IN) OUT N/A	fanagement, food e	employee and conditional employee;			_	TIME/TEMPERATURE CONTROL FOR SAFETY (						SAFETY (TCS	)	-	
The state of the s	roper use of restric	ibilities and reporting			-	IN		N/A (N/		7. 0.4	_	me & temperatures	aldina	+	
	rocedures for response	onding to vomiting and diarrheal event	s		-	_	OUT	N/A (N/A	-			procedures for hot he ne and temperature	olding	+	
		IC PRACTICES			20 21	IN IN	OUT		=		_	g temperatures		+	_
6 IN OUT (N/O)P	roper eating, tastin	g, drinking, or tobacco use			22		OUT		_	7751	0.70.1	ng temperatures			Т
7 (IN) OUT N/O N	lo discharge from e	eyes, nose, and mouth			23		OUT		_		_	ing and disposition			
PREVENT	ING CONTAI	MINATION BY HANDS				-		(N/A) N/	/0	Time as a Put	blic	Health Control, proce	edures & records		
	lands clean & prope							_			111111	ER ADVISORY			
	lo bare hand contact	ct with RTE food or a pre-approved			25	IN	OUT (					ory provided for raw/u			
10(IN) OUT	dequate handwash	ning sinks properly supplied and		1				HIG	GHL	Y SUSCE	EP.	TIBLE POPUL	ATIONS		_
10(10) 001	APPROVED	SOUDCE		_	26	IN	OUT (					s used; prohibited for		1	
11(IN) OUT N/O F	Food obtained from			Г	L		_	CONTRACTOR OF	$\overline{}$			S AND TOXIC		S	_
			+		-	IN	OUT					pproved and properly		+	┝
		roper temperature  28 N OUT N/A Toxic substances properly identified, stored  CONFORMANCE WITH APPROVED PRO									_				
13(IN) OUT N/O Food in good condition, safe, & unadulterated  Required records available: shellstock tags, parasite			+-		-	Tax	_					variance/specialized			Т
14 IN OUT (N/A) N/O destruction						IN	OUT	=		Compliance v	WILIT	variance/specialized	processiniador		_
		GOOD										11. 1. 1. 1. 2. 1.			_
			control	the :	add	ddition of pathogens, chemicals, and physical objects into foods.  UTENSILS, EQUIPMENT, AND VEND							/ENDING	_	_
		AND WATER	_	1	+		A					contact surfaces cle			Т
		sed where required	-	+	-	_	(OUT			designed, cor	nstr	ucted & used	Callatter & Control 11 12-6.7	_	╀
	Water & ice from ap		+	H	4	18 (IN	) OUT	N/A		warewasning strips	j lac	ulities: installed, mair	mained & used, test		L
32 IN OUT (N/A) Variance obtained for specialized processing methods FOOD TEMPERATURE CONTROL					-4	19 (IN	) OUT					ontact surfaces clean			
22 IN OUT N/A	Proper cooling meth	hods used; adequate equipment for		T	1	1-					_	AL FACILITIES			_
	temperature control	cooked for hot holding	_	╁	- 1-	_	OUT		_			available; adequate		+	╁
	Approved thawing r		$\neg$	+	-		OUT		$\rightarrow$		_	ed; proper backflow d		+	╁
-	Thermometers prov		$\top$	1	1	-	OUT		$\rightarrow$		_	water properly dispo		+	╁
SO(IN) COT TOA		ITIFICATION			1	_	OUT		-			roperly constructed,		+	$^{+}$
37 N OUT N/O Food properly labeled; original container				T	1	54 (IN	OUT (OUT		$\rightarrow$		_	s installed, maintaine		_	t
	ITION OF FO	OD CONTAMINATION			-		) OUT	-	_		_	ation & lighting; desig		+	t
		animals not present			F	000	, 001		_			EE TRAINING			_
	Contamination prev display	rented during food preparation, storag-	e 8		5	57 (IN	TUO (i	Γ N/A	П	All food empl	loye	es have food handle	r training		I
	Personal cleanlines	SS			_	58 IN	OUT	r (N/A)		Allergen train	_				
41 IN OUT							-	CITY	OF C	CHICAGO	) C	RDINANCE C	OMPLIANCE		_
42 IN OUT N/A N/O Washing fruits & vegetables				_	5	59 (IN	) OUT	Г	-		_	foundation violation	corrected	_	-
	/	OF UTENSILS	_	_	_6	60 (IN	D OUT	Γ	$\rightarrow$		_	olation corrected		-	+
	In-use utensils: pro	perly stored at & linens: properly stored, dried, &	-	-	-	_	D OUT		_		÷	rt displayed and visib		-	+
44 (IN) 001 N/A	handled			_	-	_	) OUT		$\overline{}$			Clean Indoor Air Or	dinance		+
		ervice articles: properly stored & used	-	-	-	63 IN		T (N/A)				pension Sign		+	+
45 (IN) OUT N/A N/O	Gloves used prope	rly			16	64 IN	001	T (N/A)		MISCALIBILEOF	40/	Public Health Orders			

IOCI 17-356

45 N OUT N/A Single-use/single-sen 45 N OUT N/A N/O Gloves used properly

In

Establishments: HANUL FAMILY ALLIANCE, INC Establishment #: GD2487637 Pest Control: KIM'S PEST CONTROL Pest License #: 051-016152 Disposal Service: REPUBLIC SERVICES # Food Prep Areas: 1 HACCP Concept Presented: Yes Citations Issued: 0 Does The Facility Cater: No Total # Seats: 125 Risk: High (Category 1) # Washrooms: 2 School Type # Employees: 5 Reason For Risk Change Running Hot Water: Yes 09/05/2024 T Dish Machine: No. 3 Compartment Sink: Yes, Not Setup License Suspended: Cease and Desist: HT Dish Machine: No. Close Up #: # of Washbowl Sinks: 2 # of Exposed Sinks: 1 # of Utility Sinks: 1 # 2 Compartment Sinks: 1 # 3 Compartment Sinks: 1 # Other Sinks: 0 ogation: PREP/DISHWASHING Location: REAR Location: PREP/DISHWASHING Location; PREP/DISHWASHING Location: WASHROOMS ocation: NONE CLOSET AREA AREA Certified Manager(s) (name, expiration date, ID#): DONG JUNG CHANG SUNG MIN YOO IN SUK PARK Exp. Date: 02/26/2027 Exp. Date: 06/22/2024 Exp. Date: 02/26/2027 Exp. Date: ID #: KKC-6219 ID #: MX2-8565 ID #: KKC-6220 TEMPERATURE OBSERVATIONS Item/Location Temp Item/Location Item/Location Temp KIMCHI/2-Door Refrigerator 36.00°F AIR/Walk-In Cooler 37.80°F AIR/Cold-Hold Unit 0.00°F **OBSERVATIONS AND CORRECTIVE ACTIONS** Item Violations cited in this report must be corrected within the time frames below Correct By Date Number OBSERVED NO ORIGINAL CITY OF CHICAGO SANITATION CERTIFICATE POSTED ON SITE OR VALID DOCUMENTATION PROVIDED ON THE Sep 5, 2024 PREMISES.INSTRUCTED PERSON IN CHARGE, THAT COPIES OF SAID CERTIFICATE ARE NOT ACCEPTABLE.INSTRUCTED FACILITY THAT A CITY OF CHICAGO CERTIFIED FOOD SERVICE MANAGER MUST BE ON SITE AT ALL TIMES WHEN (TCS FOODS) ARE PREPARED, HANDLED, AND/OR SERVED. INSTRUCTED TO COMPLY AND POST ORIGINAL CERTIFICATE AS REQUIRED. PRIORITY FOUNDATION VIOLATION 7-38-012, NO CITATION ISSUED. 3-307.11; \*\*C\*\* Miscellaneous Sources of Contamination
OBSERVED NO SPLASHGUARD AT 1-COMPARTMENT PREP SINK NEXT TO DRAINBOARD OF 3- COMPARTMENT SINK.INSTRUCTED TO INSTALL A
WASHABLE SPLASHGUARD AND MAINTAIN. 39 Dec 5, 2024 4-501.11: \*\*C\*\* Good Repair and Proper Adjustment- Equipment 47 Dec 5, 2024 INSTRUCTED TO PROVIDE PROPER RAISED STORAGE RACKS FOR PROPER FOOD STORAGE INSIDE THE WALK-IN-COOLER AND WALK-IN-FREEZER AND MAINTAIN 55 6-501.114: \*\*C\*\* Maintaining Premises, Unnecessary Items and Litter Dec 5, 2024 INSTRUCTED TO REMOVE UNNECESSARY ARTICLES/UNUSED EQUIPMENTS (RICE COOKERS) IN REAR STORAGE AREA DUE TO POTENTIAL PEST HARBORAGE AND MAINTAIN. Inspection ON THE PREMISES PER MANAGEMENT REQUESTING INSPECTION DUE TO A RECENT REMODEL OF THE KITCHEN GOLDEN DINER IS NOT PREPARING FOODS AT THIS TIME. NO CITATION ISSUED FOR VIOLATION #2 (GOLDEN DINER). RECCOMENDATION: ENROLL ADDITIONAL PERSON IN A SANITATION COURSE TO COVER ALL HOURS OF OPERATION. SUMMARY REPORT ISSUED AND POSTED FOR PUBLIC VIEW. 2. Determine the CCP: Discussed the HACCP principle of identifying critical control points in your processes such as hot holding at 135 degrees F or above, cold holding at 41 degrees F or below and at freezing for frozen foods and 165 degrees F for reheating.

Person In Charge (Signatu	Ire) IN SUK PARK	را 🗢		Date: 9/5/24	
Inspector	AD (2	41)		Follow-up: Yes No Follow-up Date:	
	PASSED:	PASSED w/COND:	Х	FAILED:	

You have just received an inspection by the City of Chicago, Department of Public Health, Food Protection Program. Your feedback on the Inspection process is important to us. Please go to https://www.chicagohan.org/surveys to complete a short survey.

NOTE: THE FINAL RESULTS OF THIS INSPECTION WILL BE DETERMINED BY THE REVIEWING SUPERVISING SANITARIAN