		Food Estab	lisnr	nent	ınsp	ection R	eport			Page	1 o	f 2
Lake County Health Department and Lake County Health Department and Community Health Center 500 West Winchester Road Suite 102				N	No. of Risk Factor/Intervention Violations					Date	03/	/12/2024
Community Health Center Libertyville, IL 60048  Establishment License/Permit #					No. of Repeat Risk Factor/Intervention Violations				0	Time In		1:05 PM 2:15 PM
MARAVELAS 000449 Street Address					Permit Holder/Person Interviewed/Person In Charge (PIC)					Risk Catego		2.13110
4 WASHING						CATELAN		High				
City/State FOX LAKE,	IL	<b>ZIP Code</b> 60020		F	urpos	se of Inspe	ction R	outine/Educational				
	FOOD	BORNE ILLNESS RISK FAC	то	RS A	ND	PUBLI	C HE	ALTH INTERVENTION	S			
	IN=in compliance OUT=no Mark "X	ance status (IN, OUT, N/O, N/A) for each nur ot in compliance N/O=not observed N/A= " in appropriate box for COS and/or R	not ap		le		prev	factors are important practices or palent contributing factors of foodboventions are control measures to p	rne illn	ess or injury.	Public h	nealth
COS=corrected on-site during inspection R=repeat violation  Compliance Status					Comp	liance Sta		<u> </u>				cos R
Compliance Status SUPERVISION					, cp	ATION		, , , , , , , , , , , , , , , , , , ,				
1 (IN) OU	Person in charg	ge present, demonstrates knowledge, and		1	5 (IN	OUT N/		Food separated and protected				
$\vdash\vdash$	periornis duties			-	6 (N	OUT N/	A	Food-contact surfaces: cleaned &	sanitiz	zed	$\neg \dagger$	
2 (IN) OUT N/A Certified Food Protection Manager  EMPLOYEE HEALTH				1	7 (IN	) OUT		Proper disposition of returned, pre	evious	y served,		
3 (IN) OU	Managament 6		$\dashv$			IE/TEN	reconditioned & unsafe food  IPERATURE CONTROL	. FO	R SAFET			
H <del>=</del> -	Knowledge, res	ponsibilities and reporting		-1	8 IN	OUT N/		Proper cooking time & temperatur				
4 (IN) OU		estriction and exclusion			9 IN	OUT N/	A (N/O)	Proper reheating procedures for h	ot hol	ding		
5 (IN) OU		responding to vomiting and diarrheal events	\$	2	0 IN	OUT N/	A (N/O)	Proper cooling time and temperat	ure			
	1	IENIC PRACTICES		2	1 (N	OUT N/	A N/O	Proper hot holding temperatures				
6 (IN) OU		tasting, drinking, or tobacco use		2	2 (N	OUT N/	A N/O	Proper cold holding temperatures				
7 (IN) OUT N/O No discharge from eyes, nose, and mouth				2	3 (N	OUT N/	A N/O	Proper date marking and dispositi	on			
PREVENTING CONTAMINATION BY HANDS				2	4 IN	OUT (N/	A) N/O	Time as a Public Health Control; p	oroced	ures & record	s	
8 (IN) OU		properly washed		$\Box$				CONSUMER ADVISO	RY			
9 (N) OU		contact with RTE food or a pre-approved cedure properly allowed		2	5 (N	OUT N/	A	Consumer advisory provided for r	aw/und	dercooked foo	id	
10 (IN) OU	Adequate hand	lwashing sinks properly supplied and					HIGH	LY SUSCEPTIBLE POP	ULA	TIONS		
APPROVED SOURCE				2	6 IN	OUT (N/	A	Pasteurized foods used; prohibite	d food	s not offered		
11 (IN) OUT Food obtained from approved source						FOOD/	COLO	R ADDITIVES AND TO	(IC S	UBSTAN	CES	
12 IN OU		at proper temperature	H	2	7 IN	OUT (N/	A)	Food additives: approved and pro	perly u	ısed		
13 (IN) OU	)	ondition, safe, & unadulterated	$\vdash$	2	8 (N	OUT N/		Toxic substances properly identific				
$H^{\pm}$	- Poquired recor	ds available: shellstock tags, parasite						ANCE WITH APPROVE	) PR	OCEDUR	ES	
14 IN OU	JT (N/A) N/O destruction	ao aranasis, on snotesis tage, parasis		2	9 IN	OUT (N/	<u>A)</u>	Compliance with variance/special	ized pr	ocess/HACCI	2	
						ACTICE						
		ail Practices are preventative measures to c lark "X" in appropriate box for COS and/or R							s.			
Compliance Status					Comp	liance Sta		C	cos R			
	SAFE FO	OD AND WATER						PROPER USE OF UTEN	ISIL	S		•
30 F	Pasteurized eggs used where re	quired		4	4 X	( Utensil:	s, equipm	nent & linens: properly stored, dried	, & haı	ndled		Х
31 V	Nater & ice from approved source	ce		4	5	Single-	use/single	e-service articles: properly stored &	used			
32 V	Variance obtained for specialized	d processing methods		4	6	Gloves	used pro	perly				
FOOD TEMPERATURE CONTROL							UTEN	SILS, EQUIPMENT, AND	) VE	NDING		
33 Proper cooling methods used; adequate equipment for temperature control				4	7	Food & & used	non-food	d contact surfaces cleanable, prope	rly des	signed, constr	ucted	
34 Plant food properly cooked for hot holding				4	8		ashing fa	cilities: installed, maintained & used	d; test	strips	一十	_
35 Approved thawing methods used			$\vdash$		9 X	_		et surfaces clean			一十	Х
								PHYSICAL FACILITIE	ES			
					0	Hot & c	old water	available; adequate pressure			$\Box$	
FOOD IDENTIFICATION					1	Plumbii	ng installe	ed; proper backflow devices			$\dashv$	
Food properly labeled; original container					2	Sewage	e & waste	water properly disposed			一十	$\neg$
PREVENTION OF FOOD CONTAMINATION					3	Toilet fa	acilities: p	roperly constructed, supplied, & cle	eaned		一十	$\neg$

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Garbage & refuse properly disposed; facilities maintained

Adequate ventilation & lighting; designated areas used

**EMPLOYEE TRAINING** 

Physical facilities installed, maintained & clean

All food employees have food handler training

Allergen training as required

Insects, rodents, & animals not present

Wiping cloths: properly used & stored

In-use utensils: properly stored

Personal cleanliness

Contamination prevented during food preparation, storage & display

PROPER USE OF UTENSILS

## Food Establishment Inspection Report

Establishment: MARAVELAS

Follow-up: Yes No

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License/Permit #: 000449 Date: 03/12/2024 Water Supply: Community Non-Community Licensed Non-Community Waste Water System: Community On-Site IEPA System Sanitizer: Temperature Logs in Use: Method Sanitizer Type Concentration (PPM) Heat(F) Location 3-Compartment Sink Chemical Sanitizer Quaternary Ammonium 200 0 HT Dish Machine 180 Hot Water Not Setup 0 Wiping Cloth Bucket Chemical Sanitizer Chlorine 100 0 CFPM Verification (name, expiration date, ID#): ARELI CASTELAN 07/21/2028 FSM59488 Presentation Type: Number Attended: 0 **HACCP Discussed HACCP Principle** Plan Onsite Not 2. Determine the CCP Discussed the HACCP principle of identifying a critical control point such as cold holding at 41 degrees F or less pplicable **TEMPERATURE OBSERVATIONS** Item/Location Temp Item/Location Temp Item/Location Temp CHEESE/WALK-IN COOLER 37°F CHICKEN/WALK-IN COOLER 36°F CUT FRESH TOMATOES/WALK-IN COOLER 36°F BEEF/WALK-IN FREEZER -4°F GRAVY/WARMER CABINET 152°F **OBSERVATIONS AND CORRECTIVE ACTIONS** P=Priority PF=Priority Foundation C=Core R=Repeat Item P/PF/C/R Code Reference Violations cited in this report must be corrected within the time frames below. Number (A) Cleaned EQUIPMENT and UTENSILS, laundered LINENS, and SINGLE-SERVICE and SINGLE-USE ARTICLES shall be stored: (1) In a 44 С 4-903.11 (A)(1)(2)(3) clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination; and (3) At least 6 inches above the floor. The service utensils are being stored in a soiled bin.
Store items properly. CORRECTED (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil 49 С 4-601.11 accumulations. The door of the ice machine is soiled.
Complete detailed cleaning and sanitizing of the item(s) as required. CORRECTED ARELI CATELAN Gina Roberts grus-Obleset Person In Charge (Signature) Inspector

Follow-up Date:

Lake County Health Department And Community Health Center		Facility I.D.#										Month:		Day:		Year:				
And Community Realth Center		0	0	0	0		0 0		0	4	4	9	Date:	0	3	1	2	2	4	
Presentations Type: Standard (S) Demonstration (D)SANITATION QUA							T VS BLE	<u>ACH</u>		Video	(I) [	Visua	ıl (V)							
Indicate details about presentation for your						re	ecords. (i.	e. vid	eo ti	tle, der	no/visu	ual sho	wn)							
(Please write your name below								vor e	scri	ba su	nombr	e aboj	0)							
Attendance:							Number of People Attending: 2													
1. ARIEL							11.													
2. LORENZO							12.													
3.							13.													
4.							14.													
5.							15.													
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