


Food Establishment Inspection Report				
 Kendall County Health Department 811 W John Street, Yorkville, IL 60560 www.kendallhealth.org Fax: 630-553-9603	Establishment:	Address:		
	UPPER CRUST CATERING INC.	109-C E HYDRAULIC ST YORKVILLE IL 60560		
Permit Holder: AJEET KAUR	Risk Category: High	Inspection Type: Routine		
Permit # 107	Risk Cat. Correct: Verified	Water: Public	Waste: Public	

Number of Risk Factor / Intervention Violations: 0				Number of REPEAT Risk Factor/Intervention Violations: 0			
IN = in compliance	NO = not observed	COS Checked =	R Checked =	Items marked are in violation of the Kendall County Food Protection Ordinance. Items shall be corrected in the time frame indicated on the inspection report. Failure to comply may result in permit suspension, revocation, and/or further legal action.			
OUT = not in compliance	NA = not applicable	Corrected on Site	Repeat Violation				

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Compliance Status			COS	R	Compliance Status			COS	R
Supervision					Protection from Contamination				
1	IN	Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	15	IN	Food separated and Protected	<input type="checkbox"/>	<input type="checkbox"/>
2	IN	Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>	16	IN	Food-contact surfaces: cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health					Time / Temperature Control for Safety (TCS)				
3	IN	Management, food employee and conditional employee knowledge, responsibilities, reporting	<input type="checkbox"/>	<input type="checkbox"/>	17	IN	Proper disposition of returned, previously served, reconditioned and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
4	IN	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	18	IN	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	Procedures for responding to vomit/diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	19	NO	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices					20	NO	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
6	IN	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	21	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
7	IN	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	22	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands					23	IN	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
8	NO	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	24	NA	Time as public health control; procedures and records	<input type="checkbox"/>	<input type="checkbox"/>
9	IN	No bare hand contact with RTE food, or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory				
10	IN	Adequate hand washing sinks properly supplied, accessible	<input type="checkbox"/>	<input type="checkbox"/>	25	NA	Consumer advisory provided for raw/undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source					Highly Susceptible Populations				
11	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	26	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
12	NO	Food received at proper temperatures	<input type="checkbox"/>	<input type="checkbox"/>	Food / Color Additives and Toxic Substances				
13	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	27	NA	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
14	NA	Required records available; shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	28	IN	Toxic substances properly identified, used, and stored	<input type="checkbox"/>	<input type="checkbox"/>
Risk factors are important practices or procedures identified as the most prevalent contributing factors of food borne illness or injury. Public health interventions are control measures to prevent food borne illness or injury.					Conformance with Approved Procedures				
					29	NA	Compliance with variance/specialized process/HACCP	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES									
Items below checked when NOT in compliance			COS	R	Items below checked when NOT in compliance			COS	R
Safe Food and Water					Proper Use of Utensils				
30	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils; properly stored	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, and handled	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control					46	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment, and Vending				
34	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Ware washing facility: installed, maintained, used; test strips avail.	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification					Physical Facilities				
37	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	Contamination prevented during food prep, storage, and display	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed of; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	Adequate ventilation and lighted, designed areas used	<input type="checkbox"/>	<input type="checkbox"/>

Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Employee Training

57	<input type="checkbox"/>	All food employees have food handler training	<input type="checkbox"/>	<input type="checkbox"/>
58	<input type="checkbox"/>	Allergen training as required	<input type="checkbox"/>	<input type="checkbox"/>

Temperature Observations (F)

RIC	36	Blueberries	41
RIF	0	Lettuce	38
Butter	38	Baked Potatoes	145
Milk	39	Pork Chops	189

Sanitizer Measurements

Item / Location	In Use?	Type	Concentration (ppm)
Wiping Clothes	Yes	Multi Quat	400
3 Compartment Sink	No		



Inspection Comments: No violations observed at time of inspection. *FDA Food Code was edited this year. We will be emailing facilities with the changes that will become effective 1/1/2025*

HACCP: Cross contamination

Does this facility meet the requirements of the Serve Kids Better Act?	NA
Does this facility use latex gloves?	No

CFPM

Name	Number	Expiration
Sargun Singh	19948935	11/1/2025

PIC Signature: 	PIC: Ajeet Kaur	Time In: 10:00	Date: 03/Dec/2024
Inspector Signature: 	Inspector Phone: 6305538096	Inspector: AC	Time Out: 10:23
			Followup Date: NRI

Signature acknowledges only receipt of inspection report.

*Please note: A fee will be assessed for second and subsequent re-inspections, as denoted in the fee schedule.