Food Establishment Inspection Report

											Pag	e 1 d	of 3	
Local Health Department Name and Address					No	No. of Risk Factor/Intervention Violations Date 9/6/2024								
Kane County Health Department P: (630) 444-3040					110	Time In 3.55								
1240 N. Highland Avenue, #5 Aurora, Illinois 60506 F: (630) 897-8123					No	No. of Repeat Risk Factor/Intervention Violations Time Out 41:35								
Establishment License/Permit #						Per	Permit Holder Risk Category 1 - 2 B							
Street Address						۱								
111 5. Lake St.						Pu	Purpose of Inspection Routine							
City/State Montgomery, IL ZIP Code 60558														
			FOODBORNE ILLNESS	RISK FAC	TOF	RS A	ND	Pl	JBLIC HEALTH	INTERVENTIONS				
		Circle designate	ed compliance status (IN, OUT, N/O, N/A)	for each num	bered	d iten	n							
	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 mos prevalent contributing factors of foodborne illness or injury. Public healt interventions are control measures to prevent foodborne illness or injury.									lth				
Co	mpli	ance Status			cos	R	П	Com	npliance Status COS R					
			Supervision	No. 2 de la companya	1000		1			Protection from Contamina	ation	000		
		67	Person in charge present, demonstrates knowl	edge, and	T	T	1 1	15	(n, Out, N/A, N/O	Food separated and protected				
1		In, but	performs duties				1 -	16	(In) Out, N/A	Food-contact surfaces; cleaned a	and sanitized			
2		In, Out, N/A	Certified Food Protection Manager (CFPM)				1 1	_		Proper disposition of returned, p				
			Employee Health					17	In Out	reconditioned and unsafe food	, , , , , , , , , , , , , , , , , , , ,			
3		(In) Out	Management, food employee and conditional	employee;					Z. Z	ime/Temperature Control fo	r Safety			
		_	knowledge, responsibilities and reporting				1 1	18	In, Out, N/A, N/O	Proper cooking time and temper	atures			
4		(In)Out	Proper use of restriction and exclusion				1	19	In, Out, N/A(N/O)	Proper reheating procedures for	hot holding			
5		(In) Out	Procedures for responding to vomiting and dia	rrheal events				20	In, Out, N/A, N/O	Proper cooling time and temper	ature			
			Good Hygienic Practices					21	In, Out, N/A, N/O	Proper hot holding temperature				
6		In) Out, N/O	Proper eating, tasting, drinking, or tobacco use				1 -	22	(In, Out, N/A, N/O	Proper cold holding temperature				
7		In, Out, N/O	No discharge from eyes, nose, and mouth				1 -	23	(In)Out, N/A, N/O	Proper date marking and disposi				
			Preventing Contamination by Hands				1 -	24	In, Out, N/A, N/O	Time as a Public Health Control;		- 7		
8		(In) Out, N/O	Hands clean and properly washed				1 6	24	m, out, wa, wo		procedures & records	1000	1000	
	B	20 , 11/1 1/10	No bare hand contact with RTE food or a pre-a	pproved		1	1		1.0.10	Consumer Advisory				
9	(1)	n), Out, N/A, N/O	alternative procedure properly allowed	•			1 4	25	In, Out, N/A	Consumer advisory provided for				
10		In, Out	Adequate handwashing sinks properly supplied	d and accessible	2			_		Highly Susceptible Populat				
			Approved Source					26	In, Out, WA	Pasteurized foods used; prohibit				
11		In Out	Food obtained from approved source				1 4	_		d/Color Additives and Toxic S	Substances			
12	1	n, Out, N/A, N/O	Food received at proper temperature					27	In, Out, N/A	Food additives: approved and pr	operly used			
13		(In) Out	Food in good condition, safe, and unadulterate	ed			1 12	28	(in Out, N/A	Toxic substances properly identi	fied, stored, and used			
14	,	Out AUD AUD	Required records available: shellstock tags, par	rasite					Co	nformance with Approved Pr	ocedures			
14	1	n, Out, N/A, N/O	destruction					29	In, Out, N/A	Compliance with variance/specia	alized process/HACCP			
				GOOD	RE	TAI	L PF	RAC	CTICES					
			Good Retail Practices are preventative me	easures to cor	ntrol t	the ac	dditio	on o	f pathogens, chemi	cals, and physical objects into	foods.			
1	Mark	k "X" in box if nur	mbered item is not in compliance Mar	k "X" in appro	priat	e box	for	cos	and/or R COS=	corrected on-site during inspe	ection R=repeat vi	iolatio	on	
					cos	R						cos	R	
			Safe Food and Water				13.0			Proper Use of Utensils				
30		Pasteurized eggs u	sed where required				43		In-use utensils: prope	erly stored				
31		Water and ice from	n approved source				44		Utensils, equipment	& linens: properly stored, dried, &	handled			
32			for specialized processing methods				45			vice articles: properly stored and u				
			Food Temperature Control				46		Gloves used properly					
33		Proper cooling me	thods used; adequate equipment for temperatu	re control						Utensils, Equipment and Ven	ding		-	
34			y cooked for hot holding				-			ontact surfaces cleanable, proper				
35		Approved thawing			-	\dashv	47		and used	ontact surraces creamanc, proper	y designed, constructed,			
36						-	48		Warewashing facilities	es: installed, maintained, & used; t	est strips			
30	Ш	Thermometers pro				225	49		Non-food contact sur	faces clean				
2-		Fandana de la constanta de la	Food Identification			300				Physical Facilities				
37		rood properly labe	eled; original container	C. Sales Personal			50		Hot and cold water a	vailable; adequate pressure				
			Prevention of Food Contamination				51	X		roper backflow devices				
38			nd animals not present				52			ater properly disposed				
39		•	evented during food preparation, storage and di	splay			53			erly constructed, supplied, & clean	ed			
40 Personal cleanliness						54			pperly disposed; facilities maintain					
41 Wiping cloths: properly used and stored					55			alled, maintained, and clean						
42 Washing fruits and vegetables						56			and lighting; designated areas us	ed				
							30	ш	acquate rentilation	Employee Training			_	
							57		All food employees h	ave food handler training			-	
						58								
							28		Allergen training as re	equiled				

Food Establishment Inspection Report

Λ	()	xative Kitchen i			2023000028	Page 2 of 3
				ment #: _	7023 00002	6
Water Supply: Public Priv	ate wast	te Water System: N	, ,		eat: NA	
Sanitizer Type: Quat / []			200/100	H6	eat: /v//	
Item/Location	Temp	TEMPERATURE C		0	Item/Location	Temp
RIL/hummus	UD"	Tremy Education			100111/1200011011	
RIF/ dough	-110					
RIF/ tamales	-2°					
RIF/Cookie dough	20				a.	
RIL/ cheese shredded	41°					
BIL Fruit jum	40°					
					,	
	0	DBSERVATIONS AND C	ORRECTIVE ACTI	ONS /		
Item		ns cited in this report must		0.10		
Number Observed leak		mpatment sin	0			1 State
plumbing code			Routine I	ispect		31110
		/		/		
CFPM Verification (name, expirati	on date. ID#)	:				
66			1/00/	2 - 25	L25C-3-63	2897
Jeffrey	MI	liams	6/22/2	1000	L 23C-3	20 17
HACCP Topic: Handwashing						
11/2	(1 /				
felly & cel		9/6/2	-024			
Person in Charge (Signature)		Date				
Willingh	-	Follow-up:	Yes No (Ch	eck one)	Follow-up Date:	/A

Inspector (Signature)

Food Establishment Inspection Report

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Establishment:	Atrevete Collaborative Kitchen Co. Establishment #: 20230000 282										
	OBSERVATIONS AND CORRECTIVE ACTIONS										
Item Number	Violations cited in this report must be corrected within the time frames below.										
Number											
	No Further Comments										
	100 Further Comments										
×											
Jeffer	S. me 9/6/2024										
Person in Charge	(Signature) Date										
Che	Follow-up: Yes No (Check one) Follow-up Date:										
Inspector (Signatu	ure)										