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OF COUNSEL

February 19, 2016

IN REPLY REFER TO FILE NO.

Mr. David Pollard
Reporter
Elm Leaves
Pioneer Press/Tribune Media
777 W. Chicago Avenue, Illinois 60654
dpollard@pioneerlocal.com

EP-1

Re: Freedom of Information Act Request

Dear Mr. Pollard:

On February 4, 2016, the Village of Elmwood Park received your February 3, 2016, Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

> "---The list of food establishments in Elmwood Park and the results of all routine inspection scores by business for 2015[.]"

Enclosed please find the records responsive to your FOIA request. However, please be advised that certain information in the records responsive to your FOIA request has been determined to be exempt from disclosure under FOIA. Accordingly, such information has been redacted from the records being provided.

Section 7(1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain

unique identifiers, including a home or personal telephone number, and signatures, have been redacted from the records being provided.

The person responsible for the decision to deny a portion of your FOIA request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office. You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor.

You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section 11 of FOIA.

Sincerely,

STORINO, RAMELLO & DURKIN
Attorneys for the Village of Elmwood Park

Erin C. Tinaglia

Erin C. Tinaglia

Enclosures

Licenses & Permits

Business License Listing

Village of Elmwood Park

User: smunda
Printed: 02/04/2016 - 10:42 AM
Sort By: Business Name
Show History: No
Number of renewals 0

Bus Name	App No / Address	License No	Business No	Cust No	License Type	License Status / App Date	Lot No / Issue Date	Tax Lot / Start Date	Expiration Date
ADVANCED FRESH	0003927	4431		033909	500	Paid			
	C/O AFC SUSHI@CAPUTO'S FRESH MARKETS 19205 S. LAUREL PAR						04/03/2015	05/02/2015	05/02/2016
ALPINE FOOD SHO:	0005636	17		025890	500	Paid	010546	12-36-424-034-	
	7538 W. NORTH AVE. ROBERT BONACCORSI ELMWOOD PARK IL 60						04/03/2015	05/02/2015	05/02/2016
ARMANDS PIZZERI	0003985	4489		034001	500	Paid			
	7650 W. NORTH AVE VIRGIL GERIN Elmwood Park IL 60707						04/03/2015	05/02/2015	05/02/2016
G & R GROCERY	0005691	00136		026007	500	Paid	010665		
	7437 W. DIVERSEY AVE ARTI SHAH ELMWOOD PARK IL 60707						03/31/2015	05/01/2013	04/30/2014
JIMMY JOHN'S	0001205	1612		031283	500	Paid			
	1702 N. HARLEM AVE. JAMES DESALVO Elmwood Park IL 60707						03/31/2015	05/02/2015	05/02/2016
PK'S PANTRY,	0005750	00281		026150	500	Paid	010810		
	22 CONTI PARKWAY ELMWOOD PARK IL 60707						04/03/2015	05/01/2014	05/01/2015
ROCK N SHOP	0005947	001003		027306	500	Paid	011130		
	JOSE MATHEW 7843 BELMONT Elmwood Park IL 60707						04/03/2015	05/02/2015	05/02/2016
SUPER LOW FOOD	0005776	00339		026207	500	Paid	010867		
	7411 W. GRAND AVENUE FRANK INGRAFFIA ELMWOOD PARK IL 6(						04/03/2015	05/02/2015	05/02/2016
THE GREAT AMERI·	0004905	5415		035373	500	Paid			
	7230 W. NORTH AVE RAUL ARROYO Elmwood Park IL 60707						04/03/2015	05/02/2015	05/02/2016

9 Records

Licenses & Permits

Business License Listing

Village of Elmwood Park

User: smunda
Printed: 02/04/2016 - 10:39 AM
Sort By: Business Name
Show History: No
Number of renewals 0

Bus Name	App No / Address	License No	Business No	Cust No	License Type	License Status / App Date	Lot No / Issue Date	Tax Lot / Start Date	Expiration Date
BACIAMI CAFE--R.	0005643	32		025905	500	Paid	010561		
	18 CONTI PARKWAY LIPPS INC. ELMWOOD PARK IL 60707						04/03/2015	05/02/2015	05/02/2016
BURGER BOSS	0004453	4960		034750	500	Paid			
	7512 W. NORTH AVE. NICK GAMBINO Elmwood Park IL 60707						04/03/2015	05/01/2013	04/30/2014
CAFE CUBANO INC	0005653	53		025926	500	Paid	010582		
	7426 W. NORTH AVE. ELMWOOD PARK IL 60707						04/03/2015	05/02/2015	05/02/2016
CHAVA'S, TACOS #2	0005661	70		025943	500	Paid	010599		
	1732 N. HARLEM AVE. SPACE K ELMWOOD PARK IL 60707						03/31/2015	05/02/2015	05/02/2016
CIRCLE INN	0001196	1601		031264	500	Paid			
	7707 WESTWOOD DR. #1A Elmwood Park IL 60707						04/03/2015	05/02/2015	05/02/2016
DUNKIN DONUTS	0005672	00101		025974	500	Paid			
	7201 W. GRAND ELMWOOD PARK IL 60707						04/03/2015	05/02/2015	05/02/2016
ELMCREST BANQU	0005677	00108		025981	500	Paid	010637		
	7370 GRAND AVE BY BIANCALANA ELMWOOD PARK IL 60707						04/03/2015	05/02/2015	05/02/2016
ELMWOOD FAMILY	0005679	00110		025983	500	Paid	010639		
	7725 W BELMONT AVE ELMWOOD PARK IL 60707						04/03/2015	05/02/2015	05/02/2016
INARI SUSHI REST/	0004641	5150		035099	500	Paid			
	7428 W. NORTH AVE. NUCHSARA KATEKAEW Elmwood Park IL 60707					09/07/2008	04/03/2015	05/02/2015	05/02/2016
JOHNNIES CORPOR	0005713	00194		026063	500	Paid	010723		
	7500 NORTH AVE ELMWOOD PARK IL 60707						04/03/2015	05/02/2015	05/02/2016
KASKADA OF ELM'	0005085	5595		035607	500	Paid			
	HUNTERS RESTAURANT 7232 W. DIVERSEY AVE. Elmwood Park IL 6(						04/03/2015	05/02/2015	05/02/2016
LO-LO'S SUB SHOP	0005971	001058		027660	500	Paid			
	7501 W. DIVERSEY LOIS MINKALIS Elmwood Park IL 60707						03/31/2015	05/02/2015	05/02/2016

Bus Name	App No Address	License No	Business No	Cust No	License Type	License Status App Date	Lot No Issue Date	Tax Lot Start Date	Expiration Date
LOTUS RESTAURAI	0005725 7230 NORTH AVE ELMWOOD PARK IL 60707	00218		026087	500	Paid	010747 04/03/2015	05/02/2015	05/02/2016
LUCY'S PLACE	0008127 7837 W. BELMONT AVE. ELMWOOD PARK IL 60707	BL0136		039377	500	Active 02/03/2016	02/03/2016	02/03/2016	02/03/2017
MASSA	0005727 7434-36 W. NORTH AVE. ME & GIA INC. ELMWOOD PARK IL 60707	00228		026097	500	Paid	010757 04/03/2015	05/02/2015	05/02/2016
MCDONALD'S	0006633 7227 W. GRAND AVENUE ELMWOOD PARK IL 60707	BL0024		037192	500	Paid 11/14/2013	04/03/2015	05/02/2015	05/02/2016
NEW STAR RESTAU	0005736 7444 NORTH AVE ELMWOOD PARK IL 60707	00252		026121	500	Paid	010781 04/03/2015	05/02/2015	05/02/2016
OLD WORLD PIZZA	0005740 7230 W NORTH AVENUE ELMWOOD PARK IL 60707	00258		026127	500	Paid	010787 04/03/2015	05/02/2015	05/02/2016
PAMPAS ARGENTIN	0005535 7308 W. NORTH AVE. HUGO A. AGUILAR Elmwood Park IL 60707	6046		036289	500	Paid	03/31/2015	05/02/2015	05/02/2016
PANERA LLC,	0005744 3630 S GEYER ROAD . ST LOUIS MO 63127	265		026134	500	Paid	010794 04/03/2015	05/02/2015	05/02/2016
SEPH'S SWEETS,LL	0004133 12 CONTI PARKWAY RODICA POPA Elmwood Park IL 60707	4639		034247	500	Paid	04/03/2015	05/02/2015	05/02/2016
SLICE FACTORY - E	0007201 7530 W. GRAND AVE. ELMWOOD PARK IL 60707	BL0068		037932	500	Paid 08/22/2014	03/31/2015	08/23/2015	08/23/2016
SPIZZICO	0005770 7446 W. NORTH AVE TITO SPIZZIRRI JR ELMWOOD PARK IL 60707	00330		026198	500	Paid	010858 04/03/2015	05/02/2015	05/02/2016
SUBWAY	0003504 2836 N. HARLEM AVE. Elmwood Park IL 60707	4005		033213	500	Active	04/03/2015	05/01/2015	05/01/2016
TINY TAP	0007481 7648 W. NORTH AVE. ELMWOOD PARK IL 60707	BL0089		038354	500	Paid 02/07/2015	03/31/2015	02/08/2016	02/08/2017
TRATTORIA PEPPIN	0003445 7440 W. NORTH AVE. Elmwood Park IL 60707	3946		033129	500	Paid	04/03/2015	05/02/2015	05/02/2016
WINGSTOP,	0005792 P.O. BOX 3036 NORTHLAKE IL 60164	375		026243	500	Paid	010902 04/03/2015	05/01/2014	05/01/2015
YOGI SHAN INC. /D	0001221 7230 W. NORTH AVE. SAURABH PATEL Elmwood Park IL 60707	1631		031324	500	Paid	04/03/2015	05/02/2015	05/02/2016

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment A-Kawasel Child Care Center Address 7851 W. Grand Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Kawanda Millsap
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical dishwasher-162° Hot Foods mashed potatoes-138° peas-120° (timed) steak 120° (timed) Cold Foods milk-40° 38° (timed) bologney-38°

Manager Certification No.: Food Safe 3/18/20

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
*31	Keep handsink accessible	
	Obtain IDPH FSSM certificate through instructor	

[redacted]

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 5.20.15 Time 11:20 A.M. ____ P.M. Sanitation Score 96 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☒ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: A. Karassel Child Care Center Address: 7801 W. Grand Ave

Owner or Operator: Infant & Toddler, Inc. Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Prerinsed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean; Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered; adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean; controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters; laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified. Yes X PATRICIA MAGERS No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 160° - dishwasher Hot Foods rice - 160° corn - 172° Cold Foods hot dogs - 0° milk - 40°

Manager Certification No.: 7/13/13 #1629160

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
*41	Label spray bottles w/ contents (corrected on site)	
*31	Keep handsanitizer accessible (corrected on site)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 12.1.15 Time 15:50 A.M. ____ P.M. ____ Sanitation Score 91 corrected to 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Alpine Food Store Address: 7538 W. North Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
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39		1	Rooms and equipment – vented as required
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42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400ppm quat (DISHWASHER-162°) Hot Foods none in service Cold Foods Navioli-0° (cap-36° cheese-36°, meatsauce-0°, meatballs-40°, mulch-40°, pasta-40, 38°, ham-40°, groundbeef-0°)

Manager Certification No.: 11/22/16 #1376299

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
36	Replace damaged floor tiles where noted	
14	Replace damaged enamelware (not allowed as food contact surface)	
36	Remove wooden duck boards (past due)	
38	Install shatter resistant light bulb in walk in cooler	
32	Install self closing device on employee restroom door (keep door closed)	
6	Clean floor at corners/under equipment	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 8.25.15 Time 9:45 A.M. ____ P.M. Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [X] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [X] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Armands Pizza Address: 7650 W. North Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25	X	1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33	✓	2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X HARID No HARIND
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm cl Hot Foods: none in service Cold Foods: bacon 38°, cheese 38, 40°, cheesecake 34°, chicken 41°, 0°, carrots 40°, soup 0°, ground beef 38°, sauce 40°

Manager Certification No.: 759013 12/27/19

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Install self closing device on restroom door (keep door closed)	I. Beef 38°
25	Store single service utensils in a sanitary manner (handle up)	eggs 38°
38	Install light shield where missing (dough prep area)	
32	Provide paper towels at handsink	
	[redacted]	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 8.25.15 Time 11:00 A.M. ____ P.M. Sanitation Score 96 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☐ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: Bacciami Rest & Bar Address: 18 Centre Parkway

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially haz/dous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered; adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles; cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45	X		Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm Cl2 Hot Foods: Beef-140°, Marinara-150°, meatballs-148°, vegetable soup-200° 148° Cold Foods: cheese-38, 41°, 41°, sauce-40°, pepperoni-40°, scallops-40°, tomatoes-40°, pasta-41°, 1 beef-40°

Manager Certification No.: SaveSafe

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
41	Label spray bottles w/ contents	
32	Provide soap at handwash.	
45	Provide 1 DPH FSSM certification (has SaveSafe)	
32	Install self closing device on restroom doors	
37	Clean walls where soiled	
15	Remove wood pizza box holder (use approved material)	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 2.12.15 Time 11:00 A.M. ____ P.M. ____ Sanitation Score 91 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Baciami Restaurant & Bar Address 18 Conti Parkway

Owner or Operator Lipps, Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, sale: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X City License No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm cl, 400ppm quat Hot Foods chicken soup-160°, pasta-160°, meatballs-140° Cold Foods cheese-40°, 40°, pepperoni-40°, sausage-38°, pasta-40°, tomato-38°, meatballs-163°, cheese dressing-38°

Manager Certification No.: SERVSAFE IDPH FSSMC

ITEM	(gave owner form) Remarks and Recommendations For Corrections	CORRECTED BY
15	Install drainlines on soda gun drain cups	
35	Provide soap/towel dispenser at bar handsink & kitchen handsink	
36/37	Clean floor/walls where soiled	
38	Install light shield where missing	
32	Install self door closers on restroom doors (pass online ANSI exam)	
	All employees are required to obtain a food handler training certificate	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 8.6.15 Time ____ A.M. 3:00 P.M. Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Betty's Address 1736 N. Harlem Ave

Owner or Operator Blackhawk Restaurant Group, LLC Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No Jerry Huckeby
46			Public restroom clean and sanitary Yes ___ No ___
47			Dumpster/grease barrel properly enclosed Yes ___ No ___
48			No smoking section in dining room provided Yes ___ No ___
49			Bartenders properly licensed Yes ___ No ___

Temperatures: Temp/PPM Chemical 100 ppm quat Hot Foods Have in service Cold Foods pizza-8 philly steak 2-38°

Manager Certification No.: 3/31/19 163536375

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 5.20.15 Time 10:00 A.M. ___ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Burger Boss Address 7512 W. North Ave

Owner or Operator — IL — , LLC Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X MICHAEL HAHN No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods bacon-160° onion-158° cheese-160° burger-160° Cold Foods burger-36° cl chicken-0°, 40° cheese-38°, 38° egg-36 BBQ chic-38° drake mix-40° salad-41°

Manager Certification No.: 12/14/16 #1565673

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
(41)	Label spray bottles w/ contents	
note	Provide/obtain IDPH FSSM certificate (will email form)	

[redacted]

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 4.8.15 Time 11:50 A.M. P.M. Sanitation Score 95 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [X] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [X] Routine
- [ ] Recheck
- [X] Complaint
- [ ] License

Name of Establishment Burger King Address 1750 Harlem Ave

Owner or Operator Tri-City Foods Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
[illegible]		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm cl2 Hot Foods fish-158°, chicken-158°, 166°, burger-167°, 178° Cold Foods tomatoes-38°, 39° (timed), bacon-crisp, milk-38°, cheese-38°, burgers-0°, cream-37°, 40°

Manager Certification No.: Leticia Trevino passed class waiting for IDPH certificate

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Complaint received that establishment is dirty & employees keep the place dirty. "People get sick from eating there on a daily." Complainant did not leave name/phone number for follow-up questions on complaint	
36	Clean floor under pop dispenser area	
37	Replace water damaged ceiling tiles. Clean dust where noted	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 3.18.15 Time 11:15 A.M. ____ P.M. Sanitation Score 95 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- [x] Food Service
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile
- [ ] Complaint
- [ ] Home Occupation
- [ ] Business License

Establishment Name: Burger King
Address: 1750 Harlem Ave
Date: 3.18.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
	~~Repair leak at 3-comp. sink~~
15	Remove & replace moldy grout where noted (1 comp prep sink
37	Clean walls in dry storage room
36	Remove paint spots (drips) on floor in restroom
16	Repair or remove overflow drain at 3-comp sink (causing leak)
	Good food handling practices noted
	Good handwashing & glove use noted
	All food handlers must provide food handler training certificate (7 hr class)
	Establishment in sanitary condition in relation to complaint
	(invalid complaint)

Owner's Signature [redacted] Date

Inspector [redacted] Date 3.18.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Cafe Cubano Address: 2426 W. North Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
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			FOOD PROTECTION
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*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24	X	1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29	X	1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35	X	4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No MICHELLE FERNANDEZ
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm Cl Hot Foods rice-150°, 145° beef-145° shredded beef-162° pork-150° Cold Foods ice cream-40° chicken-40°

Manager Certification No.: 9/16/17 #158923

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Use one-compartment sink at front counter as hand sink - provide soap/towel	
24	Store glasses on mesh mats (35) Seal opening at rear door	
29	Provide hot water at unisex bathroom	
(31)	Accessible hand sink required for kitchen/dishwash area	
36/37	Repair walls/ceiling where damaged & repaint (floor finish paint)	
37/36	Replace missing floor tiles & ceiling tiles in kitchen → smooth & easily cleanable	

Report and Instructions Received By _____ [redacted]
(Signature of Owner or Representative)

Date 6.11.15 Time 11:00 A.M. ____ P.M. Sanitation Score 86 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [ ] Routine
- [x] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Cafe Cubano Address 7426 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

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ITEM	X	WT	DESCRIPTION
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*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
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			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes _____ No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

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

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Provide soap/towels at one ~~[illegible]~~ compartment sink	
24	Store glasses on mesh mats	
31	Accessible handsink required for kitchen/dishwash area	
32	Replace missing floor tiles	
	[redacted]	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 11.16.15 Time 11:30 A.M. _____ P.M. Sanitation Score R (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☑ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: Capri Foods Address: 7603 Fullerton

Owner or Operator: Gulish & Sons, Inc. Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
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38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42	X	1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes N/A No
46			Public restroom clean and sanitary Yes ___ No ___
47			Dumpster/grease barrel properly enclosed Yes ___ No ___
48			No smoking section in dining room provided Yes ___ No ___
49			Bartenders properly licensed Yes ___ No ___

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods ice cream-0 pizza-0 milk-40 025-48

Manager Certification No.:

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Restroom requires exhaust fan exiting out of building	
31	Provide hand sink in restroom w/ single spigot (missing hot/cold water)	
36	Replace damaged missing floor tile	
*42	Do not block rear exit	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 5.8.15 Time 11:00 A.M. ___ P.M. Sanitation Score 92 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☐ Routine
- ☐ Recheck
- ☒ Complaint
- ☐ License

Name of Establishment Capri Grocery Address 7603 Fullerton

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

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9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
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24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
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38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
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40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
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44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical ____ Hot Foods ____ Cold Foods milk-38° cheese-38°

Manager Certification No.: ____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Complaint received of selling expired food product (milk); spoiled foods (moldy bacon)	
(1)	Discard Bar S Salami expired 5.7.15 packaging is not sealed	
note	Yogurt is expired over 1 month (use by 4/9/15)	
	Sell by date is for customer information. Food must be wholesome when sold; Strong recommend selling w/in use by date	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 5.12.15 Time 11:00 A.M. ____ P.M. Sanitation Score C (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page ____ of ____

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
☐ Food Service Establishment
☒ Retail Food Store
☐ Temporary
☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
☒ Routine ☐ Recheck
☐ Complaint ☐ License

Name of Establishment: Caputo's ~~NEW FARM PRODUCE, INC.~~ Address: 2400 N. Harlem Ave.
Owner or Operator: — " — ~~Fresh Market~~ Phone: ______

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		6	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27	X	5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No MICHAEL MACRITO
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods [illegible] -152° potato cabbage-162° artichoke soup-150° pizza-150° chicken-160° Cold Foods [illegible] 40°, 34° milk-38°, 40°, 36°, 36°, 34° sliced tomato-40° cheese-36°, 36°, 36° [illegible]-38°, 40° Ice-33° egg salad-38° [illegible]-34° fish-33° mussels-40°

Manager Certification No.: 10/16/18 #1622013

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
*27	Provide adequate hot water pressure in women's restroom	
*31	Keep handsinks accessible at all times (corrected on site)	
note:	Recommend using wax paper instead of tongs for customer dispensed rolls	
note: 38	Verify ~~and~~ unshielded lights are shatter resistant. (INSPECTOR WILL VERIFY WHERE SHATTERGUARDS WILL BE REQUIRED)	
14/15	Remove rust from produce ice maker	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 2.24.15 Time ______ A.M. 12:15 P.M. Sanitation Score 87 corrected to 91 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [ ] Routine
- [ ] Recheck
- [x] Complaint
- [ ] License

Name of Establishment Caputo's Address 2400 N. Harlem

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, sale: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

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

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Complaint received that employees reserve hot foods that customers do not purchase. Complainant did not leave name or phone number for follow-up questions regarding complaint.	
	I spoke w/ Jose, one of the managers at the establishment. He stated that food purchased at the "hot deli" are purchased at that point. Any return would be discarded. The other hot food item	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 3.18.15 Time _____ A.M. 12:30 P.M. Sanitation Score C (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page _____ of _____

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

Establishment Name Caputo's
Address 2400 N. Harlem
Date 3.18.15

- ☐ Food Service
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☒ Complaint
- ☐ Home Occupation
- ☐ Business License

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
	sold at the store is chicken which is sold at the rear of store (deli). Manager stated returned chickens would be placed in salsa area. I stated that a potential tampering issue may result. ~~[illegible]~~ Risk may be eliminated by checking item & taking temperature; provide a ~~tee~~ "tamper strip" to verify if container was opened; or do not sell product if returned by customer.
	Please call me if you have any questions regarding this matter. [redacted]

Owner's Signature [redacted] Date

Inspector [redacted] Date 3.18.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Caputo's Address 2400 N. Harlem

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6	X	2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION.
8		2	Food protection during storage, preparation, display, service and transportation
9	X	2	Handling of food (ice) minimized, methods
10	X	1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe; hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean; controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Pedro Flores No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods Chicken-147° pasta-180° Cold Foods icecream-0° tomatoes-40° cheese-40°, 36°, 38° pasta-36° chicken-41°, 38° 40° cheesecake, 38° soup-38° salsa-40° milk-38°, 36° OJ-38° produce prep area pizza-0° eggs-36° sushi-38° pasta-0° shrimp-0°, 32° tamale-0° fruit-38°

Manager Certification No.: 3/15/17 #1586372

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
38	Verify lights over hot foods prep area are shielded	
36	Clean floor drains (restroom, sushi prep	
9/10	Provide sanitary storage of tongs at bread self serve area &/or use waxpaper	
31	Provide handsink at juice prep area	
6	Thaw meat under cold running water or as part of the cooking process (corrected on site)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11.2.15 Time 9:30 A.M. _____ P.M. _____ Sanitation Score 88 corrected to 90 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

Establishment Name Caputo's

Address 2400 N. Harlem

Date 11.2.15

- ❑ Food Service
- ❑ Retail Food Store
- ❑ Temporary
- ❑ Mobile
- ❑ Complaint
- ❑ Home Occupation
- ❑ Business License

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
15	Clean out fly catching device / deli

Owner's Signature [redacted] Date

Inspector [redacted] Date 11.2.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☒ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: Cardinal Wine & Spirits Address: 7211 W. Grand Ave

Owner or Operator: Ma Ambra, Inc. Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	✓	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39	X	1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods milk -40°

Manager Certification No.: N/A

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Clean/sanitize restroom (urine odor noted)	
39	Exhaust fan vent to outdoors required in restroom	
X	Clean floor where soiled (at corners)	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 5.8.15 Time 11:50 A.M. ____ P.M. ____ Sanitation Score 96 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Chavos Tacos Address 1732 N. Harlem Ave.

Owner or Operator — m — #2 Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
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5		1	Thermometers provided and conspicuous
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8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42	X	1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No Joana Mendez
46			Public restroom clean and sanitary Yes ___ No ___
47			Dumpster/grease barrel properly enclosed Yes ___ No ___
48			No smoking section in dining room provided Yes ___ No ___
49			Bartenders properly licensed Yes ___ No ___

Temperatures: Temp/PPM Chemical 100ppm cl2 Hot Foods chicken-160°, 142° steak-168 refried beans-162° rice-152° Cold Foods beef-0° chicken-0° tomatoes 38° lettuce-34° salsa-40°, 41° sour cream-40 cheese-41°, 39°

Manager Certification No.: 4/22/18 #1124742

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Clean ceiling where dusty (HVAC grates)	
16	Provide sink stoppers at 3-comp sink	
32	Install self closing device on restroom door & keep door closed	
42	Store personal items seperate from food storage	
37	Repair wall where damaged (pass thru area)	
	Obtain food handler training certificate (1 hr online class ANSI accred)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 8.6.15 Time ___ A.M. 12:30 P.M. Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☒ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: Discount Cigarette Address: 2900 N. Harlem

Owner or Operator: SHIN SHIN Food, Inc. Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION.
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe, hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back-siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management/personnel certified Yes N/A No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods ice cream - 0°

Manager Certification No.: N/A

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
15	Install properly approved condensate line drain (not into bucket) at beer walking cooler	
36	Clean floor where dirt buildup is noted	
36	Replace broken/missing floor tiles where noted	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 2.17.15 Time 10:30 A.M. ____ P.M. Sanitation Score 98 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Dottie's Address 2840 N. Harlem

Owner or Operator Illinois Coffee Service Co, LLC Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No Emily Johnson
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods None in service Cold Foods ham sand - 38° tuna - 40° HM - 38° cheese - 38°

Manager Certification No.: 1528494 Ex 4/13/16

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 5.20.15 Time 10:30 A.M. ____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Dunkin Donuts / Baskin Robbins Address 7201 W. Grand Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25	X	1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods hash browns - 160° Cold Foods ice cream - 0°, 0°, 0°, 0°
milk - 39°, 40°, 40°, 40°
bacon - 38°
cheese - 38°
cream cheese - 40°
omelette - 38°

Manager Certification No.: 5/23/17 #1570384

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Replace water damaged ceiling tiles where noted	
38	Replace broken missing light guards in food prep area	
32	Provide paper towels at handsink where missing (corrected on site)	
25	Store sample spoons handle up	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 4.30.15 Time 9:10 A.M. _____ P.M. Sanitation Score 95 (100 Minus Demerits) corrected to 97

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Elm Crest Banquets Address: 7390 W. Grand Ave.

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved: CROSS CONTAMINATION
8	X	2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	/	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22	X	2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30	X	5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible; designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser, sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes HANK and RANJTA
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures [redacted] Chemical _____ Hot Foods meatballs 160° cream of chicken 168° onion 160° mashed potatoes 158° ham 140° Cold Foods fish 0° egg rolls 0° sauce 38° milk 36°, 40° egg 36° tomatoes 37° beef 0° chicken 40°

Manager Certification No.: 7/20/19 #1297637

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
41	Label spray bottles w/ contents	
38	Replace missing light shield where required	
37	Replace water damaged ceiling tiles	
	~~Verify walk-in cooler maintains product temp of 41° or below~~	
	Do not use wood block table for food prep (bakery items allowed)	
36	Replace damaged floor tile where noted	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 2-12-15 Time _____ A.M. 12:30 P.M. Sanitation Score 84 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- ☒ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

Establishment Name: Elm Crest Banquet

Address: 7370 W. Grand Ave

Date: 2.12.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
15	Scrape peeling paint in walkin cooler ~~to electrical panel~~ (opposite ice maker)
37	Clean walls where soiled
30	Install vacuum breaker where hose is attached at clean table of dishwasher & in basement at sump pit
41	Use approved fly catching device (not fly strips)
22	Do not store utensils/kitchen equipment under exposed sewer line

Owner's Signature [redacted] Date: 2-19-15

Inspector [redacted] Date: 2.12.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Elm Crest Banquets Address 7370 W. Grand Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24	X	1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X FRANK QUARANTA No
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 100 ppm cl2 Hot Foods roast beef -150° mashed potatoes-180 Cold Foods milk-36°-40° ice cream-0° egg-40° potatoes fish-0° mashed potatoes-38°

Manager Certification No.: 2/20/19 #297637

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	clean wall surfaces where soiled (minimal)	
15	~~Floor~~ Scrap peeling paint where noted (vegetable walk in) *repeat*	
14	Do not use cardboard as shelf liner	
41	Use fly catching device that is approved for commercial food preparation *repeat*	
24	Do not store food service equipment under exposed sewer line (basement) *repeat*	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11.24.15 Time 10:30 A.M. _____ P.M. Sanitation Score 90 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☐ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment Elm Middle School Address 7607 W Cortland St.

Owner or Operator Dist # 401 Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods pasta-139° burger-140° chicken-152° Cold Foods milk-37°-38° cheese-40°-38° pancake-40°

Manager Certification No.: 1/28/19 #1594007

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
16	3-compartment sink required to wash, rinse, sanitize utensils, equipment	

[redacted]

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 5.8.15 Time 10:20 A.M. P.M. Sanitation Score 98 (100 Minus Demerits)

(Report must be posed on premises.)

Page 1 of 1

By [redacted] (Inspector)

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Elm Middle School Address 7607 W. Cortland

Owner or Operator Aramark / Dist #401 Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

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2		1	Original Container, Properly Labeled
			FOOD PROTECTION
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*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes K JODY No SWIDER
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods chicken-140°, 140° beans-138° pizza-150°, 115° (timed) rice-140°, 120° (timed) Cold Foods pepperoni-40° ham-40° cheese-40 tomatoes-36° milk-33°, 36°, 40° chicken-40° hamburger-120° (timed) tuna wrap-50° (timed)

Manager Certification No.: 5/28/18 #1263202

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
16	Install 3-comp. sink	

RECEIVED NOV 02 2015

[redacted]

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 9.23.15 Time ____ A.M. 12:40 P.M. Sanitation Score 98 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Elmwood Elementary School Address 2319 N. 76th Ave

Owner or Operator Dist #401 Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
1		5	Hands washed and clean, good hygienic practices
.3		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
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25		1	Single-service articles, storage, dispensing
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			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

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40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Monica Munoz
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400ppm quat. Hot Foods philly steak-150° pizza-158° roll-162° Cold Foods milk-40° 40° turkey wrap-40° meatballs-50° chicken-50° cheese-40, 40, 37°

Manager Certification No.: 4/10/18 #1605665

ITEM	Remarks and Recommendations For Corrections	CORRECTED
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.31.15 Time 11:00 A.M. ____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Elmwood Elementary School Address 2319 N. 76th Ave

Owner or Operator Aramark / Dist # 401 Phone

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9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
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16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
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23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

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40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X MONICA MUNOZ No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical 400ppm quat COLD Hot Foods ranch dressing-38° milk-37°, 38° ham salad-38°, 54° (trimed) chicken-0° HOT Cold Foods orange chicken 136°, 135° mac-143, 136° rice-140°, 134° (trimed) sweet potatoes-140° ham salad 38° chicken-150°, 135°

Manager Certification No.: 4/10/18 #1605265

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Effective hair restraints being worn	
	food is being properly dispensed	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 9.23.15 Time 11:50 A.M. P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [X] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [X] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Elmwood Family Restaurant Address: 7725 W. Belmont Ave

Owner or Operator: Dentak Corp Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

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10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
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			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge, clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
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25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30	X	5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean, controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

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*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X SPYROS SPYRATOS No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm cl2 Hot Foods cabbage/rice soup 158, 160° chicken noodle soup 145°, 160° Cold Foods cheesecake 41° pulled pork 40° rice pudding 53° banana 0° lettuce 0° strawberries 0° tossed salad 0° 38° cole slaw 40° hamburger 40°

Manager Certification No.: 10/27/15 #1510880

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
(3)	Repair/maintain Delfield refrigerator so as it maintains potentially hazardous foods (rice pudding 53°F) at 41°F or below.	
15	Remove moldy caulk & recaulk w/ 100% silicone	
30	Install watts #8 type vacuum breaker at hose bib at mop sink	
15	Replace broken door handle on Turbo air cooler/freezer	
37	Clean walls & have painted	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 2.17.15 Time 10:15 A.M. ____ P.M. Sanitation Score 88 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- [x] Food Service
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile
- [ ] Complaint
- [ ] Home Occupation
- [ ] Business License

Establishment Name: Elmwood Family Rest.
Address: 7725 W. Belmont
Date: 2.17.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
note:	Gave owner glove use requirement & hand contact w/ food requirement
(3)	If storing potentially hazardous foods (cooked noodles, sliced tomatoes) between 45°F - 134°F products must be labeled w/ a "use thru" time of no more than 4 hours.

Owner's Signature [redacted] Date

Inspector [redacted] Date 2.17.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Elmwood Family Restaurant Address: 7725 W. Belmont Ave

Owner or Operator: Dentale Lerpo Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		6	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29	X	1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals
36	X	1	**FLOORS, WALLS AND CEILINGS** — Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		6	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes OK SPYROS SPYROPOS
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm cl Hot Foods chicken noodle-140°, 142°; pasta gravy-162°; Chili-160°; lentil soup-142° Cold Foods cheese cake-40°; ice cream-0°; sour cream-37°; tomatoes-40, 37°

Manager Certification No.: waiting for IDPH certificate

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
14	Clean/sanitize soda nozzles	
29	Clean out floor drains	
36/37	Clean walls/floor where soiled	
15	Repair condiment refrigerator's condensate drain	
29	Sewer gas odor noted at cookline (only traps are holding water)	

potato-142°; rice cooked-165°; MDS-165°; gravy-160°; vegetables-172°; steak-0°; pork-0°; wieners-38°; fish-0°; milk-38°; turkey-38, 40°; hamburgers-40°; fish-0°

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 12.15.15 Time 10:30 A.M. ____ P.M. Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

Page 1 of 1

By [redacted] (Inspector)

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment G&R Grocery Address 7437 W. Diversey

Owner or Operator Tara Rachna, Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, sale: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
(31)		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No PARAG SHAH
46			Public restroom clean and sanitary Yes ___ No ___
47			Dumpster/grease barrel properly enclosed Yes ___ No ___
48			No smoking section in dining room provided Yes ___ No ___
49			Bartenders properly licensed Yes ___ No ___

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods none in service Cold Foods icecream - 0° milk - 34° tomatoes - 40°

Manager Certification No.: 8/8/18 #1615321

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Install self closing device on restroom door	
36	Install floor tile & basecove molding in restroom	
32	Provide soap/towels in restroom	
note	Provide commercial refrigeration to store potentially hazardous foods in kitchen (freezer) owner stated only used for personal/workers	
14	Do not use residential crock pot in kitchen. Must use commercial oven	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 2.17.15 Time 11:15 A.M. ___ P.M. ___ Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- [x] Food Service
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile
- [ ] Complaint
- [ ] Home Occupation
- [ ] Business License

Establishment Name: G & R Grocery

Address: 7437 W. Diversey

Date: 2.17.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
14	Provide shelving to store clean equipment
14/15	Do not use bare wood in painted wood surfaces in kitchen (cutting board)
15	Seal bottom of pass through counter
37	Replace water damaged ceiling tile in kitchen (use cleanable surface)
45	Food handler required to complete 1hr food safety training/certificate

Owner's Signature: [redacted] Date: 2/17/15

Inspector: [redacted] Date: 2.17.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Great American Bagel Address: 7230 W. North Ave

Owner or Operator: 3 R & K, Inc. Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
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8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
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38		1	Lighting provided as required, Fixtures shielded
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39		1	Rooms and equipment – vented as required
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40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No
46			Public restroom clean and sanitary Yes ___ No ___
47			Dumpster/grease barrel properly enclosed Yes ___ No ___
48			No smoking section in dining room provided Yes ___ No ___
49			Bartenders properly licensed Yes ___ No ___

Temperatures: Temp/PPM Chemical 100ppm cl2 Hot Foods pwc cheddar-138° chili-140° stuffed pepper soup-138° Cold Foods tomato-36,38°, 0,40° ice cream-0 cream cheese-34° sliced turkey-36,38° cheese-40,38°

Manager Certification No.: RAUL ARROYO 8/27/15 #1505047

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Replace kitchen ceiling tiles (damaged) w/ smooth easily cleanable tiles	
37	Repair walls where damaged (mop sink, 3-comp sink, baker area)	

[redacted]

Report and Instructions Received By ___ (Signature of Owner or Representative)

Date 3.26.15 Time 11:15 A.M. ___ P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Hunter's Restaurant Address 7232 W. Diversey Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
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			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean; Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical quat. Hot Foods none in service Cold Foods sour cream 38, 38°
Manager Certification No.: 1574999 Cl_2 dressing 38°
chicken 38°
potato 0°
rice 33°
chicken 38°, 0°
web meat 40°

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
14/37	Provide approved food contact surfaces in rear storage room	
	[redacted]	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 12-17-15 Time _____ A.M. 12:30 P.M. Sanitation Score 97 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Sushi Suzie Address: 7428 W. North Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12	X	5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24	X	1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe; hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Stanley Liem No
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 100 ppm Cl2 Hot Foods rice-152° miso soup 138° Cold Foods fish-38° chicken 5° rice-38° shrimp-38° beef-40° eggs-40° milk-40°

Manager Certification No.: 8/30/16 #15418552

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
24	Store floor on rubber mesh mats	
14	Install sanitary handle on floor sliding doors (on sushi display cooler)	
32	Install soap/towel dispenser at sushi bar hand sink	
2/37	Remove curtain/Install cleanable swing door between front/back food prep area	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 6.11.15 Time 11:45 A.M. _____ P.M. Sanitation Score 89 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Sushi Rest Imari ~~Single~~ Address 7428 W. North

Owner or Operator ~~11~~, LLC Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
[illegible]		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X STANLEY CU HUNG No LIEM
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm Cl_2 Hot Foods Rice-160° Miso Soup-148° Cold Foods fish-40°-50° squid-0,38° noodles-038° OJ-40° tomato-38°

Manager Certification No.: 8/30/16 #1541852

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11.24.15 Time ____ A.M. 100 P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Jim & Pete's — Address: 7806 W. North Ave

Owner or Operator: Jim & Pete's Catering, Inc. — Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1	X	5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meats, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8	X	2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13	X	1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24	X	1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35	X	4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X CARL SARNO No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm Cl2 — Hot Foods marinara-heating — Cold Foods chicken-0° icecream 0 soup-0°, 10° shrimp-0°, 10°

Manager Certification No.: 2/11/16 #1350820

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	lasagna-40°	
8	Do not store food (bottles) under plumbing (bar 3-Comp Sink) milk-40°	
*31	Handwash sink required at bar, dishwash area, food prep (within 20' walking distance) using 3-comp. compartment bacon-40° beef-40°	
24	Store clean cups, glasses on mesh mats	
37	Repair ceiling & restaint w/ glossy finish paint (kitchen)	
32	Provide ~~paper~~ towels at bar sink used for handwash	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 6.16.15 Time 10:30 A.M. ____ P.M. Sanitation Score 79 corrected to 84 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- [x] Food Service
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile
- [ ] Complaint
- [ ] Home Occupation
- [ ] Business License

Establishment Name: Jim & Pete's

Address: 7806 W. North Ave

Date: 6.16.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
35	Repair screen on rear service door
38	Install light shield where missing (dishwash area
1	Do not use severely dent cans containing food (broth, corn) (corrected on site)
13	All food handlers are required to wear effective hair restraints

Owner's Signature [redacted] Date

Inspector [redacted] Date 6.16.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [ ] Routine
- [ ] Complaint
- [x] Recheck
- [ ] License

Name of Establishment Jim & Pete's Address 7806 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes _____ No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

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

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
38	Install light shield where missing (dishwash & food prep/storage areas	
37	Repair ceiling & repaint w/ gloss finish paint (minimum requirement)	
(31)	Install handsink in dishwash area & bar as discussed	

Report and Instructions Received B[redacted] (Signature of Owner or Representative)

Date 11.16.15 Time 10:00 A.M. _____ P.M. Sanitation Score R (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Jimmy Johns Address: 1702 N. Harlem Ave

Owner or Operator: All A's, Inc. Phone:

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42	X	1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X ~~Angelo Chomiwski~~ DAVID WHITE
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm Cl_2 Hot Foods None in Service Cold Foods tomatoes-40° cheese-40°, 40° ham-40°

Manager Certification No.: (Sanitation)

ITEM	Remarks and Recommendations For Corrections avocado-0° tuna-38°	CORRECTED BY
42	Keep electric panel accessible	
45	Provide IDPH FSSM certificate & DAVID WHITE	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 8.25.15 Time 9:00 A.M. ____ P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [X] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [X] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Johnnies Beef Address 7500 W. North Ave

Owner or Operator —"— Corp. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleaner sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Frank Stompanato No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical ____ Hot Foods I beef-150° tamales-140° pepperoni-142° sausage-150, 190 Cold Foods I-beef-40°, 38°, 40° beef gravy-140° sausage-38° steak mix-40° hot dog-148° beef gravy-40°, 40°

Manager Certification No.: 6/17/18 #1263770

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
38	Replace damaged light shields	
note.	Recommend handwash sink(s) in food prep area.	
32	Provide soap/towel dispenser at 3-comp sink to wash hands in wash sink of 3-comp sink (as stop gap measure)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 4.8.15 Time 11:15 A.M. ____ P.M. Sanitation Score 97 (100 Minus Demerits)

(Report must be posed on premises.)

Page 1 of 1

By [redacted]
(Inspector)

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment John Mills Elementary School Address 2824 North 76th Ave

Owner or Operator DISD # 401 Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes x Vanessa Hernandez No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 200 ppm Hot Foods fried rice 150° steak 149° Cold Foods yogurt-37° turkey wrap-40° milk-38° chicken salad-38° pizza-0° ranch dip-0° chicken-0° pepperoni-38°

Manager Certification No.: serve safe (waiting for DOH card)

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.31.15 Time 10:30 A.M. ____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment John Mills Elementary School Address 2884 North 76th Ave

Owner or Operator Omaha / Dist #40 Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X VANGSA Hornady No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods Mac & cheese-138° Sweet potato-150° Chicken-140 Rice-138° Cold Foods ham salad-41° ham & cheese sand-45,38 Crimson ham-40° milk-40,40° breakfast square-0° chicken-0°

Manager Certification No.: 12/30/17 # 1669919

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good handwash practices noted	
	Proper hair restraints being worn	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 4.23.15 Time 11:15 A.M. ____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Kiddie Corner Academy Address 7732 W. North Ave

Owner or Operator — " — Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Mildred Gouland No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm cly Hot Foods vegetables-120° (timed) foods-90° (timed) Cold Foods milk-40° cheese-40°

Manager Certification No.: 2/10/18 #1417845

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
16	Provide additional shelving to air dry tableware properly	
note	when refrigerator no longer holds proper temperature (potentially hazardous foods below 41°F) it must be replaced w/ a commercial unit.	

Report and Instructions Received By [redacted]

(Signature of Owner or Representative)

Date 3.3.15 Time ____ A.M. 12:10 P.M. Sanitation Score 98 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]

(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Kiddie Corner Academy Address 7732 W. North St.

Owner or Operator — Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical _____ Hot Foods turkey 168° Cold Foods ~~tea~~ milk 40°

Manager Certification No.: 2/10/18 #1417845 tater tots 148° eggs 40° cookies

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 9.9.15 Time 10:30 A.M. _____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Lo Lo's Sub Shop Address 7501 W. Diversey Ave

Owner or Operator — " — , Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
*12	X	5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25	X	1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment - vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Jeffrey Hermann
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm cl Hot Foods I beef-164° I sausage-139° Cold Foods pasta-40° ham-41° chicken meat-40° pasta-40° icecream-0°

Manager Certification No.: 4/7/19 #1465093

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Install self closing devices on restroom door	
25	Store single use utensils in a sanitary manner (hand to customer)	
12	Do not smoke in premises (corrected on site)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 9.18.15 Time ____ A.M. 01:00 P.M. Sanitation Score 92 corrected to 97 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Lotus Address 7230 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45	X		Management personnel certified Yes X Chicago No
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 100ppm cl2 Hot Foods rice-160° chicken-145° soup-170° Cold Foods fruit-0° beef-0° spinach-0° chicken-0° 40° fish-0°, 0° rice-40° noodles-40° beef-0° shrimp-0°

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
note	~~Hands~~ No handsink accessible at bar	
15	Replace wooden shelves w/ approved material (laminate, stainless steel)	
	all food handlers must obtain a food handler training certificate or obtain a IDPH ~~Food~~ FSSM certificate	app-38° -60° (timed)
45	Obtain FSSM through reciprocity (has city of Chicago)	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 6.16.15 Time 11:15 A.M. _____ P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Lotus Address 7230 W. North Ave.

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X WENG No CHIU N MA
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm cl2 Hot Foods rice-170° Cold Foods chicken-38° 46° 138° ham-0° pork-0°

Manager Certification No. 10/4/17 11664248

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Provide paper towels at food prep handsink	
38	Verify light bulbs are shatter resistant	
	All employees are required to obtain IL food handler training cert. (The online class) ANSI EXAM	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 12.1.15 Time 10:45 A.M. ____ P.M. Sanitation Score 97 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Massa Italian Cafe Address 7434 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2	X	1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified. Yes X Aug 16 No Fallino
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods clam chowder-148° Cold Foods beef-38° ham-0° milk-38° Italian ice-26° tomatoes-41° cheese-40° Dishwasher temp-180°

Manager Certification No.: 4/25/16 #1357341

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Install self closing device on restroom doors	
32	Provide liquid soap at handsink	
2	Label spray bottles w/ contents (water bottle)	
	All employees must complete/obtain a "food handler training" course/certificate (1 hr online / ANSI EXAM)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 12.15.15 Time 11:40 A.M. _____ P.M. Sanitation Score 97 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Mangeo Bakery Address 7639 W. Belmont

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical _____ Hot Foods pizza - 173° Cold Foods cheese - 38°
~~meat pizza sauce - 40°~~

Manager Certification No.: 1/11/17 #1553848

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
31/32	Provide handwash sink & soap/towel dispenser.	
15/36/37	Clean surfaces where soiled	
Note:	Part of facility is used as bread manufacturing; licensed by IDPH. — this inspection does not include that area.	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 12.8.15 Time 11:40 A.M. _____ P.M. Sanitation Score 91 (100 Minus Demerits)

(Report must be posed on premises.)

Page 1 of 1

By [redacted] (Inspector)

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment McDonald's Address 7227 W. Grand Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27	X	5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean; Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X AMIR No DURMIC
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods chicken-140°, 170° Cold Foods yogurt 38° ice cream mix 32°, 40° cream 40° milk 39°, 39° burger 0° eggs 40°, 40° bacon 0° cheese 38°, 60° (timed)

Manager Certification No.: chicago cert

chicken 165°
lamb 162°
sausage 148°

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
27	Provide water (hot/cold) at ware washing handsink (corrected on site)	11/25/15
45	Obtain IDPH FSSM through reciprocity of Chicago certification (save manager applications)	
45	Obtain 1hr online food handler training certification (ANSI exam) or IDPH FSSM certificate	

Report and Instructions Received By [redacted] AMIR DURMIC
(Signature of Owner or Representative)

Date 11.24.15 Time 11:00 A.M. _____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment New Star Rest. Address 7444 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29	X	1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35	X	4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical _____ Hot Foods none in service Cold Foods beef-0°, chicken-40°, fish-40°, ice cream-0°, chicken gumbo-40°, egg roll-39°

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
~~not~~	~~No handsink noted at front bar (required) (use sushi bar handsink)~~	
32	Secure handsink at sushi bar	
9 ~~note~~	Provide adequate hot water pressure at sushi bar handsink	
36	Repair floor where necessary (kitchen)	
14	Store ice scoop on clean surface (not damp towel)	
35	Drain flies at floor drain at (clean/sanitize drains/provide/continue exterminator for roaches (1 roach ~~[illegible]~~ observed dead)	

Report and Instructions Received By _____ (Signature of Owner or Representative) [redacted]

Date 6.11.15 Time 10:15 A.M. _____ P.M. Sanitation Score 9 [redacted] (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment New Star Restaurant Address 7441 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
	✓	5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, sale: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	✓	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X JUDY No X IE
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm Cl2 160 dishwasher Hot Foods egg roll-142° Veg-166° 152° gravy-166° beef-162° chicken-158° Cold Foods fish-38° 40°0° shrimp 38° tomato-35° ice cream-8° noodles-40°.0° chicken-40° beef-40°0°

Manager Certification No.: 1641545 5/19/19

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	~~Keep hand sink accessible~~ Store ice scooping in a sanitary manner	
12	Use hand sink to wash hands (not sponge at dishwasher)	egg roll-38°
14	Replace damaged ice maker bin door	chicken-38°
41	Use approved fly catching strips → corrected on site	
32	Install self closing device on employee restroom door	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 11.24.15 Time _____ A.M. 12:20 P.M. Sanitation Score 86 (corrected to 91) (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☒ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment Old World Pizza Address 7239 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces; designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes _____ No X
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical provide Hot Foods Marinara-125° (heating) Cold Foods Italian beef-35 Cheese-35° lasagna-38° sausage-38° pasta-D,35° cheese-40° sausage-40° cheesecake-40°

Manager Certification No.: provide

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
36	Clean floor where soiled	
16	Install spigot that reaches all 3 compartment of 3-comp sink	
16	Provide sink stoppers (3) for 3-comp sink	
36	Replace missing floor tiles w/ commercial floor tiles	
45	Have at least one employee obtain IDPH FSSM certification (past due)	
45	All other employee must obtain IL FOOD HANDLER TRAINING CERT. (1 hr. online / ANSI [illegible])	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 12.1.15 Time 11:30 A.M. _____ P.M. Sanitation Score 97 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [ ] Food Service Establishment
- [x] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment PK's Pantry Address 22 Conti Parkway

Owner or Operator Grand Liquor Mart, Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
*13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Preflushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe; hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30	X	5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered, adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean; controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No. ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods milk - 38°, soda - 38°, ice cream - 0°

Manager Certification No.: N/A

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Clean/sanitize restroom 32 Provide paper towels in restroom	
	Repair walls where damaged & repaint	
32	Repair restroom exhaust fan	
37	Clean walls & floor where soiled	
30	Install vacuum breaker where hose is attached at mop sink. (like Watts #8)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 2-12-15 Time 11:30 A.M. ____ P.M. Sanitation Score 92 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Pampas Steak Address 7308 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Hugo Aguilar No
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods _____ Cold Foods tomatoes 40° chicken 0° ham 40° cheese 38° milk 40° beef 0°

Manager Certification No.: 0 ppm Cl2 None in service

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Clean walls where soiled	
16	Manually sanitize utensils equipment until dishwasher is repaired	
32	Install towel dispenser at sink area handsink	
45	Provide IDPH FSSM certification ID#, expiration date, [redacted]	

Report and Instructions Received By _____ (Signature of Owner or Representative)

Date 6.24.15 Time _____ A.M. 12:30 P.M. Sanitation Score 95 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☑ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☑ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: Pampas Steak Address: 7308 W. North Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meals, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage; preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ☒ No ☐
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm Cl2 Hot Foods none in service Cold Foods Sausage - 38° Cheese 38° Dental Roma - 0° chicken 38° steak - 0° icecream - 0° milk 38° turkey - 0° tomatoes 38°

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Clean wall at dishwash area	
45	Provide IDPH FSSM certification	

Report and Instructions Received By: Hugo Aguilar [redacted]
(Signature of Owner or Representative)

Date 12.8.15 Time _____ A.M. 12:20 P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Panera Bread Address 7330 W. North St

Owner or Operator — 11 — , LLC Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces; designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X RYAN No SCHMIDT
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400ppm quat 100ppm Cl_2 Hot Foods soup 140°-172° Cold Foods egg nt-36 cheese-37°, 37° ham-36° potato-0° tomatoes-38° dressing-38° chicken-39° milk-39°, 40°

Manager Certification No.: 1639093 5/6/19

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11-24-15 Time 11:45 A.M. ____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☐ Routine
- ☐ Recheck
- ☐ Complaint
- ☒ License

Name of Establishment Phillip's Ice Cream Address 2113 N. Mayer Ave

Owner or Operator Felipe Benitez Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes N/A No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods ice cream – 0°

Manager Certification No.:

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Prepacked ice cream products	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 5.12.15 Time 10:45 A.M. P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Rickett Fence Day Care Center Address 36 Conti Parkway

Owner or Operator [redacted] Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X TONY CHAKCHAY No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical 200 ppm cly Hot Foods spinach-160° carrots-160 Cold Foods milk-40°, 40° chicken salad-40°

Manager Certification No.: 2/23/19 #1053283

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
note:	Have Village Plumbing Inspector verify that direct connection at 3-compartment sink meets plumbing code	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 5.12.15 Time 10:00 A.M. P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☒ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment Rock n Shop Address 7843 W Belmont Ave

Owner or Operator Masiki Mart, Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
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			FOOD PROTECTION
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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
[illegible]		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes N/A No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods OJ - 40° ice cream 0°, 0° pepsi

Manager Certification No.:

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Clean wall where soiled (ice cream freezers)	
~~38~~	~~Install light shield where missing in walk in cooler~~	
37	Replace water damaged ceiling tiles	
32	Provide paper towels at restroom handsink	
37	Scrap peeling paint & repaint (ceiling)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.18.15 Time 10:00 A.M. P.M. Sanitation Score 87 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Russell's Barbeque Address 1621 N. Thatcher

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
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8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Eric Meuer
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 100 ppm quat 100 ppm Cl Hot Foods I-beef-160°, 158° cream of chicken-150° bbq sauce-138°, 140° bbq pork-162°, 160° Hot dogs-140° Cold Foods beef-40°, 38°, 38° chicken-40° milk-40°, 40° eggs-40°, 40° potato salad-40° ice cream mix-39° gelato-42° tomatoes

Manager Certification No.: 11/11/10 #1624048 Cooked soup-162°

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
36/37	Continue repair/cleaning of floor/walls/ceiling area (looks a lot better)	
13	Handcloth at bar required	
37	Complete wall finish at bar	
38	Install light shielding where missing (food prep areas)	
15	Fryers improperly diluted	
14/15	Continue cleaning soiled surfaces of equipment	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 6.24.15 Time 11:00 A.M. _____ P.M. Sanitation Score 88 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 2

Village of Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- [x] Food Service
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile
- [ ] Complaint
- [ ] Home Occupation
- [ ] Business License

Establishment Name: Russell's Barbeque

Address: 1621 N. Thatcher

Date:

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
15	Replace worn counter tops
32	Provide soap & towel dispenser at front counter hand sink
note:	~~Continue~~ Continue working w/ Plumbing Inspector to complete plumbing fixture issues
note:	If using oversized sinks to wash hands - they must be designated for that use only

Owner's Signature [redacted] Date

Inspector [redacted] Date 6.24.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☐ Routine
- ☒ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment Russell's Barbeque Address 1621 N. Thacker

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39	X	1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes _____ No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

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

Manager Certification No.: _____ _____ _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
36/37	Continue repair/cleaning of floor/walls/ceiling	
(31)	Hand sink required at bar	
37	Complete wall finish at bar	
38	Install light shielding where missing (basement prep room, one in kitchen)	
37	Continue cleaning soiled surfaces (walls)	
41.5	Replace worn counter tops	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11.16.15 Time 9:40 A.M. ✓ P.M. Sanitation Score R (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

Establishment Name Russell's Barbeque
Address 1621 N. Thatcher
Date

- ☒ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
46	Install approved plumbing fixtures at 3 comp sink (faucet)
39	Fryers improperly ducted

Owner's Signature [redacted] Date

Inspector [redacted] Date 11.16.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment St. Celestine Address 3017 N. 77th Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No CARIA CISZEK
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods still cooking Cold Foods tater tots-38° hamburger-38° milk-38° 40° icecream-0°

Manager Certification No.: 4/1/17 #1562306

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
*31	Handwash sink required (presently washing hands in 3-comp. sink)	
note:	3-comp sink has a direct waste connection. - Recommend Village Plumbing Inspector verify direct connection meets IDPH Plumbing Code	
Notes:	~~3-comp sink~~ No washing of utensils/food equipment on premises	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 5.12.15 Time 10:30 A.M. ____ P.M. Sanitation Score 96 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment St. Celestine Address 3017 N. 77th

Owner or Operator [illegible] Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ✓ No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical N/A Hot Foods Still cooking Cold Foods meat taco - 38° milk - 38°, 38°

Manager Certification No.: 4/1/17 #1562306

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	HANDSINK installed - Thank you	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11.2.15 Time 10:30 A.M. P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Complaint
- [ ] Recheck
- [ ] License

Name of Establishment Senor Jeff Mexican Grill Address 7446 W. North Ave.

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25	X	1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Robert Demattheo
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 100 ppm Cl2 Hot Foods beans-160° Cold Foods ice cream-0°

Manager Certification No.: 12/16/19 #1481106

ITEM	Remarks and Recommendations For Corrections (corrected on site)	CORRECTED BY
25	Store single service utensils in a sanitary manner (handle to customer)	
31	Keep hand sink accessible (do not store anything in sink basin) (corrected on site)	

[redacted]

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 4.16.15 Time 10:45 A.M. ~~P.M.~~ P.M. Sanitation Score 95 (corrected 100) (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Seph's Sweets Address 12 Conti Parkway

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

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ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Sophia Popa No
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods to order Cold Foods cheesecake-40° buttermilk-37° cheese-37° eggs-37° milk-38° icecream-0° Italian soup-0° Soup 42°

Manager Certification No.: 1/10/18 #14155524

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 9.9.15 Time 11:30 A.M. _____ P.M. Sanitation Score _____ (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Slice Factory Address: 7530 W. Grand Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25	X	1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35	X	4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Oscar Mendoza
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods meatballs-135° I-beef-135° Cold Foods chicken-0°, 0° tomatoes-0° I-beef-38° eggs-0° cheese-40°, 38° cheese-38°, 40° lettuce-40°

Manager Certification No.: 2/13/18 #1595276

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
35	Repair rear screen door or keep door closed	
25	Store single use utensils in a sanitary manner (handle up)	
38	Install light shielding where missing (front slice display unit)	
32	Install self closing device on restroom door, keep door closed	
37	Replace water damaged ceiling tiles where noted	
15	Clean/sanitize shelving in walk in cooler	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 6.30.15 Time 11:00 A.M. _____ P.M. Sanitation Score 88 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

Establishment Name: Slice Factory
Address: 7530 Grand Ave
Date: 6.30.15

- ☐ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
14	Use approved material for pizza contact
37	Clean ceiling tiles
note	When replacing ceiling tiles use approved tiles (smooth
	easily cleanable w/ no holes fissures)
15	Repair/provide approved electric conduit (to 4 way junction
	box at prep to refrigerator) - wires are exposed

Owner's Signature [redacted] Date

Inspector [redacted] Date 6.30.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [x] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Slice Factory Address 7530 W. Grand Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

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

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Repair rear screen door or keep door closed	
	Install self closing device on restroom doors & keep doors closed	
	Use food grade material for prep & contact surfaces	
	~~Repair/provide approved electric conduit~~	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 11.16.15 Time 12:30 A.M. _____ P.M. Sanitation Score R (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Spizzico's Pizza Address 7446 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X Robert Dematteo
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temper[redacted]M Chemical 100 ppm cl2 Hot Foods meatballs-140° T. beef-148° Minestrone soup-160° ice Cold Foods tomato-40° ice cream-0° chicken-0° cheesecake-0° mussels-0° eggs-40° cheese-40° pasta-38° beans-160° guacamole-41° burgers-40° 0° pizza sauce-40° beef-0°, 38°

Manager Certification No.: 12/16/19 #1481106

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
note:	Chain/secure CO2 tank	
32	Install self closing device on restroom door (employee & public restroom)	
note:	Verify pizza oven vent is exhausting properly.	
note:	Fryer must be under exhaust hood at least 6"	
	[redacted]	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 4.16.15 Time 11:30 A.M. _____ P.M. Sanitation Score 98 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Subway Address 7230 W. North Ave

Owner or Operator Yogi Shah, Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17	X	1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27	X	5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management/personnel certified Yes X No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical 100ppm quat Hot Foods meatballs-150° chicken-150° chicken noodle-140° broc soup-150° Cold Foods milk-40° tuna-40° salami-35,40° cheese-35 sausage-0° Chicken-0,40° tuna salad-41° 0°

Manager Certification No.: provide

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
*31	Keep rear prep area handsink accessible & replace missing soap dispenser	w/in 2 days
*27	Provide hot water at handsink (rear prep area)	w/in 2 days
45	Provide IDPH FSSM certificate	—
1	Keep last health inspection report available for review	
17	Provide accurate thermometer in walk-in freezer	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.26.15 Time 10:40 A.M. P.M. Sanitation Score 90 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Subway Address 2836 N. Harlem

Owner or Operator Dave Patel Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
13	X	1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ✓ No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods cream of broc. - 140° chicken 0° Cold Foods milk - 40° tuna salad - 38° tomatoes - 40° cheese - 40°, 38° salami - 38°, 40°

meatballs - 144° beef 0°

Manager Certification No.: 5/7/16 #1358315
BHARGAV PATEL

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
13	All food handlers are required to wear effective hair restraints	
14	Clean/Sanitize soda nozzles (slime noted) ↳ corrected on site	
	↳ corrected on site	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.26.15 Time 10:10 A.M. P.M. Sanitation Score 97 corrected to 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- ☐ Food Service Establishment
- ☒ Retail Food Store
- ☐ Temporary
- ☐ Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- ☒ Routine
- ☐ Recheck
- ☐ Complaint
- ☐ License

Name of Establishment: Super Low Foods Address: 7411 W. Grand

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3	X	5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
6		1	Thermometers provided and conspicuous
8		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16	X	2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24	X	1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29	X	1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35	X	4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39	X	1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X SPIROS KAPETANIOS
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical _____ Hot Foods chicken-140° mac/cheese-138° pizza-150° Cold Foods cheese-39° watermelon-41° chicken-40° ~~[illegible]-50°~~

Manager Certification No.: 9/11/18 ID# 161182447

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Repair ceiling where damage is noted & repaint or replace tiles walk in cooler	
38	Install light shields w/ end caps where missing in produce display area	
36	Clean floor where soiled or buildup is noted (throughout building)	
*35	Sweep up mouse droppings where noted (liquor storage, upstairs storage area	
*31	Hand sink required where food is handled (produce, deli, meat prep	
37	Clean walls where soiled	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 4.30.15 Time _____ A.M. 12:00 P.M. Sanitation Score 69 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 3

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- ☐ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

Establishment Name Super Low Foods

Address 7411 W. Grand

Date 4.30.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
5/36/37	Provide smooth cleanable surface where foam insulation has been used
37	Replace damaged ceiling tiles w/ approved food ~~quality~~ prep area ceiling tiles (smooth & easily cleanable)
15	Repair damaged walkin cooler wall & door latch (chicken fryer room) (Use approved material; no exposed wood or paint)
14	Residential stove is not approved for commercial use
(41)	Store oil spray & air freshner seperate from food containers
37	Repaint door moldings where damaged
37	Repair/replace damaged wall/ceiling surfaces where noted in deli, produce, storage areas, & throughout establishment
14	Clean shelving in deli walkin cooler (do not use cardboard as shelf liner)
14/15	Use approved shelving in walkin coolers
(3)	Follow labels "refrigerate after opening"
29	Mop sink required to properly dispose of mop water
14	Meat wrap area must not be in customer area
14/15	Replace rusted shelving where noted in walkin cooler(s)
29	Install approved condensate line in meat walkin cooler
14	Remove wood used as bracing in meat walkin cooler (use approved materials)
14	Replace damaged wooden table (meat prep room)
37	Install base cove molding where missing
15/37	~~Provide FRP~~ Provide walls/ceiling that are in good repair (meat prep area)
(41)	Store cleansers seperate from food (meat prep room)
(35)	Provide rodent proof doorway on all exterior doors (meat walkin)
14	Replace rusty food parts (meat area)

Owner's Signature [redacted] Date

Inspector [redacted] Date 4.30.15

White - Health Department Yellow - Owner

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- ☐ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

Establishment Name: Super Low Foods

Address: 7411 W. Grand

Date: 4.30.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
4/15 34/37	Clean / sanitize all surfaces & remove accumulated debris where noted (meat prep area)
39	Meat prep restroom requires an exhaust fan (no openable window)
37	Remove mold from drywall & correct moisture problem source in meat prep restroom
32	Keep restroom door closed (meat prep)
15/37	Scrap peeling paint where noted & repaint w/ a gloss finish paint
16	~~Meat dishwash room~~ all 3-compartment sinks require at least one ~~integ~~ integral drain board. Provide shelving, movable cart to act as 2nd drain board
24	Store knives in a sanitary manner not between equipment & wall
38	Provide shatter resistant light bulbs or bulb covers where required
36	Repair / replace damaged floor tiles where noted

Owner's Signature [redacted] Date

Inspector [redacted] Date 4.30.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [ ] Routine
- [ ] Complaint
- [x] Recheck
- [ ] License

CALL-OUT

Name of Establishment: Super Low Foods Address: 7411 W. Grand

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe; hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29	X	1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31	X	4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean; Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean; controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes ____ No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

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

Manager Certification No.: ____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
37	Repair ceiling where damage is noted – customer area is 99% completed	
note	Schedule to install drop ceiling in at least customer area	
38	Install light shielding were missing (corrected on site)	
*31	Hand sink required in deli, meat prep & produce prep areas – contractor currently in process of installing in produce area (contracted to install 3 hand sinks – Scheduled completion date 6.13.15	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 6.3.15 Time 10:30 A.M. ____ P.M. Sanitation Score 92 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 2

Village of Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- ☐ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

Establishment Name: Super Low Foods

Address: 7411 W. Grand

Date: 6.3.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
15/36/37	Provide smooth cleanable surface where foam insulation has been installed
37	Replace damaged ceiling tiles in rear storage areas. Open ceiling in these areas may be acceptable (contact me for approval) if allowed by all other Village Depts.
note	Residential stove, when replaced, must be replaced w/ a commercial unit; obtain approval from all Village Inspectors to verify that no additional requirements are needed
note:	Hopsink is currently being installed in produce area
29	Install approved condensate line to meat walk-in cooler
15/37	Provide ceiling that is in good repair in meat prep area (Walls have been completed)
37	Clean/sanitize ceiling of walk-in meat cooler (walls are acceptable); Continue cleaning ceiling

Owner's Signatur [redacted] Date

Inspector [redacted] Date 6.3.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment: Super Ho Foods Address: 7411 W. Grand Ave

Owner or Operator: _____ Phone: _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8	X	2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
[illegible]		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Gross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment - vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42	X	1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X No ____
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100 ppm cl2 Hot Foods chicken-168, 140° meatballs-156° Cold Foods sliced produce-40° salad-40° chicken-38° (prepping) turkey-38.0° potato salad-36° beef-35°, 0°, 36°, 35° milk-36° pizza-0° icecream-0°

Manager Certification No.: 1678415

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
42	Store personal items separate from food prep area	
36	Replace damaged floor tiles (meat prep cooler)	
8	Do not over stock food in display refrigerators	
14	Clean areas where soiled (walk in coolers; areas of mold present)	
	Much improved!	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 11.24.15 Time 9:30 A.M. ____ P.M. Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Trattoria ~~Pappino~~ Pappino's Address 7440 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
*12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39	X	1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41	X	5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X SABMJ TZONEV
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 100ppm Cl2 Hot Foods none in service Cold Foods milk-36° tortellini-38° eggs-36° mozzarella-38° beef-38°

Manager Certification No.: 10/11/18 #1441039

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
39	Restrooms require exhaust fan or operable window	36°
32	— " — self closing device on doors to be effective	chicken-38°
37	Repaint/clean walls where tiles or repairs have been made	cheese-40°, 41°
36	Clean floor where debris or dirt buildup is noted	tomatoes-38°, 40°
37	Continue cleaning walls in kitchen	pasta-40°, 41°
39/14	Grill/fryer must be installed 6" under exhaust hood on all sides	mussels-38°

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 6.11.15 Time 9:30 A.M. ____ P.M. Sanitation Score 86 corrected to 90 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 2

Village of Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- [x] Food Service
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile
- [ ] Complaint
- [ ] Home Occupation
- [ ] Business License

Establishment Name Trattoria Pappino Pappino

Address 7440 W. North Ave

Date 6.11.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
37	Clean/repair/repaint ceiling where necessary
37	Clean kitchen walls where soiled
38	Install light shielding where missing in food storage, prep areas
32	Provide paper towels at prep area handsink
7/14/15	Clean exterior surfaces of kitchen equipment, fixtures, etc
14	Replace worn counter at slicer table
37	Secure loose wall panels & replace damaged corner molding
36	Replace damaged floor tiles where noted
15	Replace handles on refrigerated prep tables
15	Clean interior of food prep/food storage equipment where soiled
(41)	Label all spray bottles w/ contents (corrected on site)
39	Do not use exhaust fan next to grill (grease exhausting is through this exhaust fan) (owner turned off fan)
14/15	Clean soda line equipment
15	Replace damaged door gaskets on refrigeration/freezer equipment
14	Clean/sanitize soda dispenser nozzles (debris on coke nozzle)
notes:	Verify walk-in freezer is functioning properly (meat was 35°F/thawed)

Owner's Signature [redacted] Date

Inspector [redacted] Date 6.11.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [ ] Routine
- [x] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Trattoria Papinos Address 7440 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
[illegible]		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14	X	2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32	X	2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37	X	1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38	X	1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes _____ No _____
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

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

Manager Certification No.: _____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
32	Restrooms require exhaust fans or openable windows (will check if employee	restrooms
32	— " — self closing device on doors & effective	are exempt
37	Repaint/clean walls where soiled or repairs have been made (3/4 improvement)	
14/15	Grill/fryer must be installed & render exhaust hood on all sides	
37	Repair/repaint ceiling ~~area~~ kitchen/storage area	
37	Clean kitchen walls where soiled (near dishwash/storage area)	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 11.16.15 Time 10:55 A.M. _____ P.M. Sanitation Score R (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

Establishment Name Trattoria Papinas
Address 7440 W North Ave
Date 11.16.15

- ☒ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
38	Install light shielding where missing (near prep area/storage area)
32	Provide paper towels at prep area handsink (corrected on site)
14	Replace worn counter at slicer table
37	Replace damaged corner molding
36	Replace damaged floor tiles where noted
15	Clean cook line equipment (50% improvement)
15	Replace damaged door gaskets on refrigeration/freezer equipment

Owner's Signature [redacted] Date

Inspector [redacted] Date 11.16.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [x] Complaint
- [ ] Recheck
- [ ] License

Name of Establishment Walgreens Address 2828 Harlem

Owner or Operator Bond Drugs Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
[illegible]		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36	X	1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes N/A No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical N/A Hot Foods N/A Cold Foods [illegible] ice cream - 0° milk - 38° [illegible] - 40°

Manager Certification No.:

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
note	Deans Tru Moo Chocolate Milk noted w/ an 3.17.15 sell by date (removed by manager)	
	Complaint received of selling outdated milk, eggs, other foods, 2 weeks old. Mice, cockroaches & ants observed. Complaint did not provide contact information for follow-up questions regarding complaint.	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.18.15 Time 10:30 A.M. P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 2

Village of
Elmwood Park

ELMWOOD PARK HEALTH DEPARTMENT
Inspection Report

- ☐ Food Service
- ☐ Retail Food Store
- ☐ Temporary
- ☐ Mobile
- ☐ Complaint
- ☐ Home Occupation
- ☐ Business License

Establishment Name Walgreen's

Address 2828 Harlem

Date 3.18.15

ITEM	REMARKS & RECOMMENDATIONS FOR CORRECTION
	~~Clean floor under shelving~~ One refrigerated item noted past sell by date as noted. Not a violation (sell by date not required by IDPH Food Code.) Spoke w/ manager. Policy is to remove product if past sell by date
	No insect or rodent infestation noted at time of inspection
	Pest Control Operator provided service call due employee seeing "possible mouse" on 3.10.15. PCO placed snap traps & will follow up.
36	Clean floor under shelving in customer area

Owner's Signature [redacted] Date

Inspector [redacted] Date 3.18.15

White - Health Department Yellow - Owner

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Willow Ridge Academy Inc Address 7316 W. North Ave

Owner or Operator _____ Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION
			FOOD
*1		5	Source, Wholesome, No Spoilage
2		1	Original Container, Properly Labeled
			FOOD PROTECTION
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation
*4		4	Facilities to maintain product temperature
5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
*11		5	Personnel with infections restricted
		5	Hands washed and clean, good hygienic practices
		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17	X	1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
21		1	Wiping cloths: clean, use restricted
22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents
23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29	X	1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
			GARBAGE AND REFUSE DISPOSAL
33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration
			INSECT, RODENT, ANIMAL CONTROL
*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals

ITEM	X	WT	DESCRIPTION
			FLOORS, WALLS AND CEILINGS
36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
			LIGHTING
38		1	Lighting provided as required, Fixtures shielded
			VENTILATION
39		1	Rooms and equipment – vented as required
			DRESSING ROOMS
40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified. Yes THOMAS RAGGARELLI, JR
46			Public restroom clean and sanitary Yes _____ No _____
47			Dumpster/grease barrel properly enclosed Yes _____ No _____
48			No smoking section in dining room provided Yes _____ No _____
49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical 200ppm cl2 Hot Foods ground beef - 165° (+med) vegetables 125° (+med) Cold Foods milk - 36°, 0° pizza - 0°

Manager Certification No.: 12/16/15 #15162594

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
17	Provide metal stem probe thermometer to monitor hot & cold foods	(0°F-220°F)
note	Verify that leftovers are cooled from 135°F - 70°F in 2hrs & 70°F - 41°F w/in 4 hrs, & reheat to 165°F when reserving	
39	Clean out grease trap (open site drain is overflowing)	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 3.31.15 Time 11:30 A.M. _____ P.M. Sanitation Score 94 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Willow Ridge Academy Address 7316 W. North Ave

Owner or Operator Inc. Phone

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5		1	Thermometers provided and conspicuous
6		2	Potentially hazardous food properly thawed
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION
8		2	Food protection during storage, preparation, display, service and transportation
9		2	Handling of food (ice) minimized, methods
10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
*20		4	Sanitization rinse: clean, temperature, concentration
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23		1	Non-food contact surfaces of equipment and utensils clean
24		1	Storage, handling of clean equipment/utensils
25		1	Single-service articles, storage, dispensing
26		2	No re-use of single-service articles
			WATER
*27		5	Water source, safe: hot and cold under pressure
			SEWAGE
*28		4	Sewage and waste water disposal
			PLUMBING
29		1	Installed, maintained
*30		5	Cross-connection, back siphonage, back flow
			TOILET AND HAND-WASHING FACILITIES
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42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X HAZEL BELL No
46			Public restroom clean and sanitary Yes No
47			Dumpster/grease barrel properly enclosed Yes No
48			No smoking section in dining room provided Yes No
49			Bartenders properly licensed Yes No

Temperatures: Temp/PPM Chemical _____ Hot Foods green beans - 99 (timed) meatballs - 98 — " mac/cheese 101° — " Cold Foods vegetables - 0° bananas - 0 icecream - 0 milk - 40°

Manager Certification No.: #1546191 10/23/16

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Good housekeeping	

Report and Instructions Received By [redacted]
(Signature of Owner or Representative)

Date 9.9.15 Time 11:00 A.M. _____ P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted]
(Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
- [x] Food Service Establishment
- [ ] Retail Food Store
- [ ] Temporary
- [ ] Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
- [x] Routine
- [ ] Recheck
- [ ] Complaint
- [ ] License

Name of Establishment Wing Stop Address 1740 N. Harlem Ave

Owner or Operator LNN, Inc. Phone

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

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10		1	Food (ice) dispensing utensils properly stored
			PERSONNEL
		5	Personnel with infections restricted
12		5	Hands washed and clean, good hygienic practices
13		1	Clean clothes, hair restraints
			FOOD EQUIPMENT AND UTENSILS
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located
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16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated
17		1	Accurate Thermometers, chemical test kits provided, gauge clock
18		1	Pre-flushed, scraped, soaked
19		2	Wash, rinse water: clean, proper temperature

ITEM	X	WT	DESCRIPTION
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*31		4	Number, convenient, accessible, designed, installed
32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue
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40		1	Rooms clean, lockers provided, facilities clean
			OTHER OPERATIONS
*41		5	Toxic items properly stored, labeled and used
42	X	1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
43		1	Complete separation from living/sleeping quarters, laundry
44		1	Clean, soiled linen properly stored
45			Management personnel certified Yes X NELSON MAYORGA
46			Public restroom clean and sanitary Yes ____ No ____
47			Dumpster/grease barrel properly enclosed Yes ____ No ____
48			No smoking section in dining room provided Yes ____ No ____
49			Bartenders properly licensed Yes ____ No ____

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods nacho cheese-140° baked beans-142° chicken wings-168,152° Cold Foods wings-0°,38° butter milk-40° cheese-40° sour cream-40° chicken-39° potato salad-40° coleslaw-40°

Manager Certification No.: ____

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
42	Keep near exit accessible.	
45	Provide current IDPH FSSM certificate (Nelson's is expired)	

Report and Instructions Received By [redacted] (Signature of Owner or Representative)

Date 8.6.15 Time 11:50 A.M. ____ P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

By [redacted] (Inspector)

Page 1 of 1