



Village of
Elmwood Park

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Erica Burkert
inspections@activeviewhdi.com

September 27, 2017

RE: Freedom of Information Act Request

Dear Ms. Burkert,

The Village of Elmwood Park is in receipt of your September 25, 2017, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"..food safety inspections for the following locations: WingStop: 1740 N. Harlem Ave-We are searching for any inspections conducted after 01/01/2016"

Enclosed are copies of the records you requested. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that 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 id number, biometric identifiers (such as signatures), personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses." Section 7(I)(c) of FOIA provides that, "personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy is exempt from disclosure. Consequently, birthdates and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, such as a victim's name and identifying information, have been redacted from the records being provided.

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 II of FOIA.

Should you have any questions, please do not hesitate to contact my office.

Gina Pesko



Village Clerk
Freedom of Information Officer
708-452-3948

VILLAGE OF ELMWOOD PARK

Type of Establishment

- Food Service Establishment
- Retail Food Store
- Temporary
- Mobile

**Sanitary Inspection Report
Food Service Establishment**

Reason for Inspection

- Routine
- Complaint
- Recheck
- License

Name of Establishment Wing Stop Address 1740 N. Harlem Ave
 Owner or Operator _____ Phone 708-452-1010

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

Temperatures: Temp 101 ppm Chemical 3 Comp 200ppm Hot Foods Beans 149°F Cold Foods Prep 34°F, Walkin cooler 7°F, Walkin 40°F, 2 day storage 2°F, Free cooler 28°F
 Manager Certification No.: 10/30/13 016/6513

ITEM	REMARKS AND RECOMMENDATIONS FOR CORRECTIONS	CORRECTED BY
5	Thermometer not working for Walkin cooler. Provide working thermometer.	

Report and Instructions Received By [Signature] (Signature of Owner or Representative)
 Date 3/16/16 Time 2:30 A.M. 3:55 P.M. Sanitation Score 99% (100 Minus Demerits)
 Page 1 of 1
 By [Signature] (Inspector)

VILLAGE OF ELMWOOD PARK

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 Wing Stop Address 1740 N. Harlem Ave
 Owner or Operator _____ Phone 708-452-1010

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

Temperatures: Temp/PPM 200ppm Hot Foods Chicken 175°F Cold Foods 2000°F
 Manager: Certification No.: 10/30/16 01616513 Walkin 40°F line cooler 39°F

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
5	Thermometer are absent from walkin cooler	NRI
10	Replace ventilation hood filters missing - Replace/Repair	NRI

Report and Instructions Received By [Signature] Signature of Owner or Representative
 Date 12/6/16 Time 12:32 A.M. Sanitation Score 98% (100 Minus Demerits)
 (Report must be posed on premises.)
 Page 1 of 1 By [Signature] (Inspector)

Food Establishment Inspection Report

As Governed by State Code Section Title 77, Chapter 1, Subchapter m, Part 760



Village of Elmwood Park
11 Conti Parkway
Elmwood Park, IL. 60707
708-452-7300
http://www.elmwoodpark.org

Establishment <i>Wing Stop</i>	License/Permit #
Address <i>1740 N. Harlem</i>	Risk Category <i>II</i>
City/State/Zip Code <i>Elmwood Park</i>	Purpose of Inspection <i>Routine</i>
Permit Holder	Status <i>Pass</i>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item.
IN=In compliance OUT=not In compliance N/A=not applicable N/O=not observed

Mark 'X' in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury. Risk factors require immediate correction.

Compliance Status	Description	COS	R
Supervision			
01	<i>In</i> Person in charge present, demonstration knowledge, and performs duties		
02	<i>In</i> Certified Food Protection Manager		
Employee Health			
03	<i>In</i> Management, food employee and conditional employee knowledge,		
04	<i>In</i> Proper use of restriction and exclusion		
05	<i>In</i> Procedures for responding to vomiting and diarrheal events <i>Education</i>		
Good Hygienic Practices			
06	<i>In</i> Proper eating, tasting, drinking, or tobacco use		
07	<i>In</i> No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
08	<i>In</i> Hands clean & properly washed		
09	<i>In</i> No bare hand contact with RTE food or a pre-approved alternative procedure		
	<i>In</i> Adequate hand washing sinks properly supplied and accessible		
Approved Source			
11	<i>In</i> Food obtained from approved source <i>Education</i>		
12	<i>In</i> Food received at proper temperature <i>Education</i>		
13	<i>In</i> Food in good condition, safe, & unadulterated		
14	<i>N/A</i> Required records available: shellstock tags, parasite destruction		

Compliance Status	Description	COS	R
Protection from Contamination			
15	<i>In</i> Food separated and protected		
16	<i>OUT</i> Food-contact surfaces: cleaned & sanitized <i>4-501.114</i>		
17	<i>In</i> Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18	<i>In</i> Proper cooking time & temperatures --		
19	<i>MA</i> Proper reheating procedures for hot holding		
20	<i>N/A</i> Proper cooling time and temperature		
21	<i>In</i> Proper hot holding temperatures		
22	<i>In</i> Proper cold holding temperatures		
23	<i>In</i> Proper date marking and disposition		
24	<i>N/A</i> Time as a Public Health Control: procedures & records		
Consumer Advisory			
25	<i>N/A</i> Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	<i>N/A</i> Pasteurized foods used, prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	<i>N/A</i> Food additives: approved & properly used		
28	<i>In</i> Toxic Substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	<i>N/A</i> Compliance with variance/specialized process/HAACP		

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
Mark 'X' in box if numbered item is not in compliance Mark 'X' in appropriate box for COS and/or R COS=corrected on-site R=repeat violation

Compliance Status	Description	COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & Ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used: adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	<i>X</i> Thermometers provided & accurate <i>4-204.112</i>		
Food Identification			
37	Food properly labeled: original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
	Contamination prevented during food preparation, storage, & display		
	Personal cleanliness		
41	Wiping cloths, properly used & stored		
42	Washing fruits & vegetables		

Compliance Status	Description	COS	R
Proper Use of Utensils			
43	In-uses utensils, properly stored		
44	Utensils, equipment & items: properly store, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used: test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available: adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied & cleaned		
54	Garbage & refuse properly disposed, facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting: designated areas used		
Employee Training			
57	All food employees have food handler training		

Food Establishment Inspection Report

Establishment
Water Supply

Wing Stop
Public

Establishment #
Wastewater System

Public

GENERAL INSPECTION COMMENTS

Temps Beans 148°F Prep 34°F Chicken 178°F Reachin Freezer -5°F
Walkin 37°F 2 door freezer 6°F

- ① 3-compartment <150ppm QAC as sanitizer 4-501.114
- ② Provide working thermometer for walkin 4-204.12

Sanitizer 3-comp QAC <150ppm

WACCP Sanitizer Record Keeping

10150508 Chave 2 01616513 10/30/18

ILLINOIS UNIFORM GRADING SYSTEM

Count of Violation(s)	Repeat Violations			Number of Risk Factor / Intervention Violations	Inspection Status
	0-3	4-5	6-10	11+	
0-3	Pass	Pass with Conditions	Fail	Number of Repeat Risk Factor / Intervention Violations	
4-5	Pass with Conditions	Pass with Conditions	Fail	Number of Corrected on Site Risk Factor / Intervention Violations	
6+	Fail	Fail	Fail		

Person in Charge (Signature) [Signature]
Inspector (Signature) [Signature]

Date: 5/24/17

Follow-up: Follow-up Date: