McLean County Health Department						T.	No. of Risk Factor/Intervention Violations: 0 Date: 12/1						40/01		
		Front St. Rm. 304					to. of	RISK	actor	Intervention Violations: 0		Date: 12	16/20	122	
				2	No. of Repeat Risk Factor/Intervention Violations: 0 Time				Time In: 1:3	me In: 1:35 PM					
Establishment: License/Permit #: Est#: P PUMPKIN BLOSSOM CAFE 30100 30100				Permit Holder:RADAR FAMILY FARMS, LLC Time Out: 2:0					5 PM		_				
L		ress: 1238 ROPP ROAD	30100)	3010		Purp	ose o	finsp	ection	Risk Categ	ory:			_
	NOR		State: IL	Zip Code:	61761	-	Reg	ular/R	outine	9	Category I -	-			
City	- NOIN			-		0.7	0.00	AND	DUD	IC USAL TUINTERVENTION		-			_
S		e designated compliance status (II	N, OUT, N/O	, N/A) for eac	ch numbe	ered	item			LIC HEALTH INTERVENTION Risk factors are important practic		uren identified as	the m	t	_
	IN=in (compliance OUT=not in complianc Mark in the appropriat COS=corrected on-site during	te box for CC	S and/or R		icab	le			prevalent contributing factors of nterventions are control measure	foodborne illne	ess or injury. Put	olic he	alth	
Con	nplianc	e Status			cc	s	R	Co	mpliar	nce Status			C	os	R
		Supervi	sion							Protection from	n Contamin	ation			
1.	In	Person in charge present, demon	strates know	ledge, and		Т		15.	In	Food separated and protected			╇	\rightarrow	
		performs duties	(05514)		-	┥	-	16.	In	Food-contact surfaces; cleaned			+	\rightarrow	
2.	In	Certified Food Protection Manage	er (CFPM)			_		17.	In	Proper disposition of returned, p and unsafe food	previously serv	ed, reconditione	1 L		
		Employee				-			-	Time/Temperatur	e Control fo	r Safety	-		
3.	In	Management, food employee and knowledge, responsibilities and re		employee;				18.	N/O	Proper cooking time and temper		roarciy	T	T	_
4.	In	Proper use of restriction and exclu	usion		-	┥	-	19.		Proper reheating procedures for			+	+	
5.	In	Procedures for responding to vor		rrheal events		╉	\neg	20.		Proper cooling time and temper			+	+	
	<u> </u>	Good Hygienic						21.		Proper hot holding temperatures			+	+	
		10			-	-		22.	In	Proper cold holding temperature	es		+		
6.		Proper eating, tasting, drinking, or No discharge from eyes, nose, and		e		+	\neg	23.	N/O	Proper date marking and dispos	sition				
7.	In			1	_	-	_	24.	N/A	Time as a Public Health Control	l; procedures	& records	Т		
	Luca	Preventing Contami		lands		-				Consum	er Advisory		_		
8.		Hands clean and properly washed			_	4	_	25.	N/A	Consumer advisory provided for	raw/undercod	oked food	Т	Т	
9.	N/O	No bare hand contact with RTE for alternative procedure properly allo	ood or a pre- owed	approved						Highly Suspec	tible Popula	tions	-		
10.	In	Adequate handwashing sinks pro		d and access	sible	┓		26.	N/A	Pasteurized foods used; prohibi			$\overline{\mathbf{T}}$	Т	_
		Approved	Source						1.07.1	Food/Color Additives			_	-	
11.	In	Food obtained from approved sou	ırce			Т		27.	N/A	Food additives: approved and p		oubstances	T	T	_
12.	N/O	Food received at proper temperat	ure			1		28.	In	Toxic substances properly ident		and used	+	+	
13.	In	Food in good condition, safe, and		ed		┥	\neg	20.	<u> </u>	Conformance with			_	-	
14.		Required records available: shells			-	┥	\neg	29.	1				T	-	_
14.	N/A	destruction				_	_			Compliance with variance/speci	alized process	S/HACCP	⊥	_	_
_		Coord Datail Departies		- 1- 1 ⁻	GOO	_					al abianta inte	- fe - de			
	Mark in	box if numbered item is not in con		Mark in app						athogens, chemicals, and physic COS=corrected on-site			at viola	ation	
					cc	s	R							os	P
		Safe Food a	nd Water			-				Proper Us	e of Utensils	c	10	00	T.
30.	N/A	Pasteurized eggs used where rec				Т		43.		In-use utensils: properly stored	0.01.01011011	<i></i>	Т		_
31.		Water and ice from approved sou						44.		Utensils, equipment & linens: pr	roperly stored,	dried, & handle	i 🗖		
32.	N/A	Variance obtained for specialized	· -			_	_	45.		Single-use/single-service article	es: properly sto	ored and used	-		
		Food Temperat				_		46.		Gloves used properly			ㅗ		_
33.	N/O	Proper cooling methods used; ad temperature control	equate equip	Diment for						Utensils, Equipr			_		
34.		Plant food properly cooked for ho	t holding					47.		Food and non-food contact surface designed, constructed, and use		e, properly			
35. 36.	<u> </u>	Approved thawing methods used Thermometers provided & accura	ato		+	+	_	48.		Warewashing facilities: installed		& used; test stri	os		
50.	_	Food Identi						49.		Non-food contact surfaces clear	n	,	+		
37.	_	Food properly labeled; original co			-						I Facilities				
		Prevention of Food		nation				50.		Hot and cold water available; ac	dequate press	ure	\mathbf{T}		_
38.		Insects, rodents, and animals not			T	Т		51.		Plumbing installed; proper back	flow devices		+		_
39.		Contamination prevented during t		tion, storage	and	1		52.		Sewage and waste water prope	rly disposed		+	-	
		display		<u> </u>				53.		Toilet facilities: properly constru	ucted, supplied	d, & cleaned			
40.		Personal cleanliness	atorad		-+	-		54.		Garbage & refuse properly disp	osed; facilities	maintained			
41.		Wiping cloths: properly used and	SIGIEO		-+-	+		55.		Physical facilities installed, main					
42.		Washing fruits and vegetables						56.		Adequate ventilation and lighting	<u> </u>				_
001175	SE (830)		()	10 /	A,)	1 (ee Training		-	_	
K)on	va Vale	Sar	the (Ide	t	h	58.	-	All food employees have food had a contract of the second	andler training		+	-	_
Per	son in	Charge (Signature)	- 1	inspector (Sig	gnature)			Fol	ow-up		18) F oll	ow-up Date:			
	nna Vor			Comontho Odo				1 1				an ap bate.			

Samantha Odenthal

Donna Verda

Establishment Name: PUMPKIN BLOSSOM CAFE

Establishment #: 30100

Lotabiloinitent itanie.		Eotablionnent #							
Water Supply: Private Well		_ Waste Water System: PR	IVATE						
TEMPERATURE AND SANITIZER OBSERVATIONS									
Item/Location	Temp°F/p	om Item/Location	Temp°F/p	pm Item/Location	Temp°F/ppm				
chlorine ppm / 3-compartment sink	50	air / tall 2-door refrigerator	39	baked goods / tall 2-door freezer	0				
apple ciders / harvest brew fridge #1	37	chlorine ppm / sanitizer bucket	100	chlorine ppm / espresso sanitizer tray	/ 100				
whipped cream / harvest brew fridge #2	30	air / reach-in freezer	0						

CFPM Verification (name, expiration date, ID#):						
Donna Verda MGR. Exp. Date:07/21/2026 I.D.20811787	MGR. Exp. Date: I.D.	MGR. Exp. Date: I.D.	MGR. Exp. Date: I.D.			

HACCP Topic: Handwashing

GENERAL COMMENTS

Most of café has shut down for the season, only doughnuts and coffee bar area still operating. Main food operations will resume in June for next year's season.

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Violations cited in this report must be corrected within the timeframes below

Corrected By

Number