



Public Health
Prevent. Promote. Protect.

Mercer County Health Department

305 NW 7th Street
Aledo, Illinois 61231
(309) 582-3759
FAX (309) 582-3793
www.mercercountyil.org

Dear Facility Owner and Managers:

I have provided a packet for you to complete and submit back to Mercer County Health Department, no later than December 21, 2023. Your Food Service/retail Food Establishment License expires on December 31, 2023. According to Mercer County Food Sanitation Ordinance, no person shall operate a food service establishment or retail food store within Mercer County, without a license issued by the Mercer County Health Department. **A late fee will be charged to all facilities that do not renew their license prior to expiration.**

The packet includes:

2024 Retail Food Service Establishment Permit Application

Certified Food Sanitation Manager Employment Verification Form

Food Handler Form

Vomit and Diarrhea Clean up kit guidance (must show proof of having a kit at inspection) Item #5 Inspection Form Violation

Employee wellness Form (all staff must sign and documentation shown at inspection) Item #3 Inspection Form Violation

Self-Inspection Checklist

2023 a year in review: I quick thank you to all of you for continuing to serve the customers and clients that you see each day. Customer service can be both rewarding and underappreciated at times. I want to stress as we go into 2024, the importance of actively managing your facility. You as the owner/manager should be conducting a food safety self-assessment daily. If all is going well show appreciation to your staff, if education is needed educate, if corrections are necessary correct. Success requires teamwork! Follow best practices:

Best Practices to avoid Food Borne Illness:

- Wash hands and change gloves as needed
- Cook foods to temp and avoid time/temperature abuse
- Clean and sanitize all prep surfaces
- Avoid cross-contamination

The Certified Food Protection Managers (Persons in Charge) are responsible for actively managing the kitchen. Train and educate your staff as needed. Primary goal is to prevent Foodborne Illness

Please call 309-582-3759 or email kyle.lloyd@mchdept.org with any questions or concerns. I sincerely appreciate your efforts in managing a food safe, clean kitchen!

Sincerely,

Kyle Lloyd, MS, REHS/RS
Mercer County Health Department

MERCER COUNTY HEALTH DEPARTMENT
305 NW 7TH STREET ALEDO, IL 61231
PHONE 309-582-3759 FAX 309-582-3793

RETAIL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION 2024

Name of Establishment: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____ Emergency Contact/Phone _____

Mailing/ Billing Address _____

Owner _____	Phone _____
<small>(If firm or partnership, attach a list of all names and addresses of all members thereof. If a corporation attach a list of names of offices held).</small>	
Address _____	

City _____	State _____ Zip _____

Operating Days & Hours: Monday _____ Tuesday _____ Wednesday _____ Thursday _____
 Friday _____ Saturday _____ Sunday _____

State of Illinois Food Service Sanitation Mangers, Full name(s), certicate ID number(s), and expiration dates. If necessary attach a list with certifiec food handlers.

	NAME	CERTIFICATE #	EXPIRATION DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In order to determine risk category, please check all that apply

Category I	Category II	Category III
<input type="checkbox"/> Establishment cools potentially Hazardous foods that have been prepared or heated As part of the food handling operation <input type="checkbox"/> Prepare and hold hot or cold food for more than 12 hours before serving. <input type="checkbox"/> Extensively handle raw ingredients or have bare hand contact with ready to eat food. <input type="checkbox"/> Reheat potentially hazardous foods, which have been previously cooked and cooled. <input type="checkbox"/> Prepare food for off premises service which time/temperature requirements during transportation, holding and service in relevant. (THIS DOES NOT INCLUDE PIZZA DELIVERY) <input type="checkbox"/> Serve immunocompromised individuals, where these individuals comprise the majority of the consuming population.	<input type="checkbox"/> Prepare food for service from raw ingredients using minimum assembly. <input type="checkbox"/> Hot or cold holding is restricted to same day service. <input type="checkbox"/> Food requiring complex, preparation is obtained from approval process establishments.	<input type="checkbox"/> Only prepackaged foods are available or service, i.e. _____ <input type="checkbox"/> Potentially hazardous foods are commercially prepackages in an approved processing establishment. <input type="checkbox"/> Limited preparation of non-potentially hazardous food and beverages, such as snack foods and carbonated beverages. <input type="checkbox"/> Only beverages are served. <input type="checkbox"/> Only ice for beverages
\$300	\$150	\$100

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also, that upon presenting appropriate credentials to the owner, operator, agent or most responsible person in charge, a representative of the Mercer County Health Department may inspect the above-mentioned facility at my reasonable time.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY
 Risk _____ Permit Number _____ Date Issued _____ Fee Paid _____

**FOOD SERVICE SANITATION MANAGER
EMPLOYMENT VERIFICATION**

Establishment #: _____

Establishment Name: _____

Address: _____

City, State, Zip: _____ IL _____

Hours of Food Preparation: _____

Food Service Sanitation

Manager's Name

Certificate #

1. _____
Expiration Date ____ / ____ / ____

2. _____
Expiration Date ____ / ____ / ____

3. _____
Expiration Date ____ / ____ / ____

4. _____
Expiration Date ____ / ____ / ____

5. _____
Expiration Date ____ / ____ / ____

6. _____
Expiration Date ____ / ____ / ____

Manager/Owner

Date

Please complete this form and return to MCHD in the included envelope. Please list **all** IDPH Foodservice Sanitation Manager's employed at your establishment as well as **all employees that are employed at your establishment**. Mark yes/no for those who have completed the required foodhandler training.

Foodservice Sanitation Manager's:

Name:	License Number:	Expiration Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employees/Licensed FoodHandlers:

Name:	Date Issued:	Yes	No
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___
_____	_____	___	___

Employee/Licensed Allergen Trained:

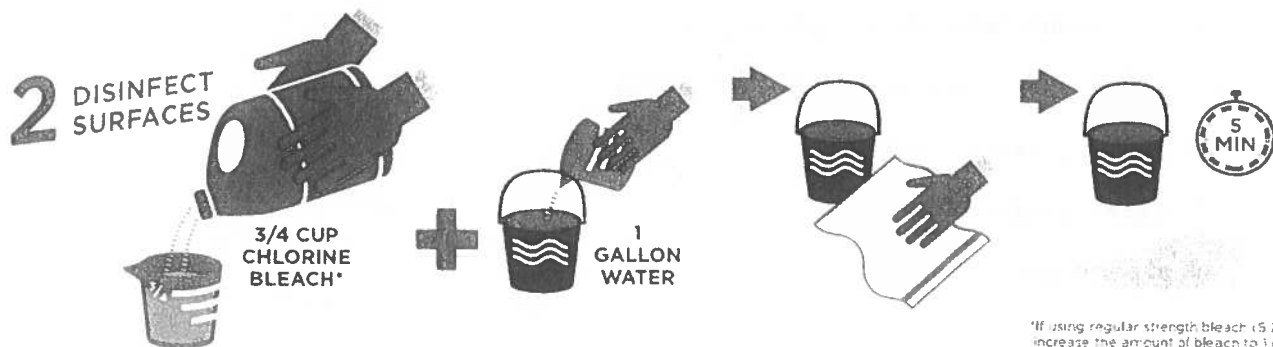
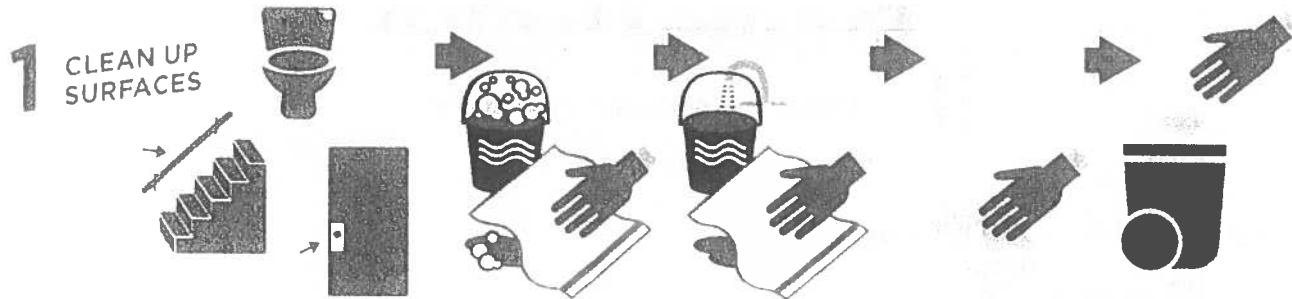
Name: _____ Date Issued: _____

Name: _____ Date Issued: _____

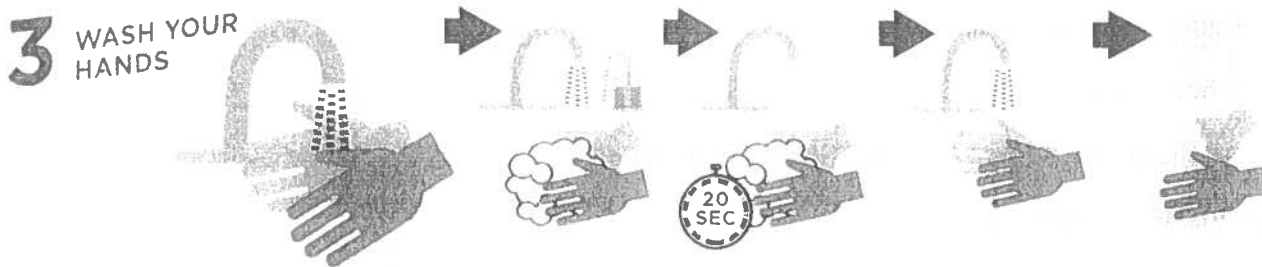
- Foodhandler course is required for all employees who handle food and/or clean equipment. (This does not include cashier's and hostesses) Must be completed within 30 days of employment.

Help Prevent the Spread of **NOROVIRUS** A STOMACH BUG

Stop norovirus! Clean surfaces that are touched a lot.



*If using regular strength bleach (5.25%), increase the amount of bleach to 1 cup.



Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water.

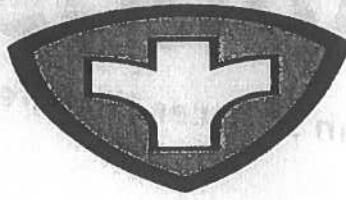
El norovirus se propaga por el contacto con una persona infectada o al tocar una superficie contaminada o comiendo alimentos contaminados o beber agua contaminada.

Le norovirus se propage par contact avec une personne infectée, en touchant une surface contaminée, en mangeant des aliments contaminés ou en buvant de l'eau contaminée.

诺如病毒的传播途径是与感染者接触或接触污染的表面或食用被污染的食物或饮用受污染的水。

Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster. For more information on norovirus prevention, please see <http://www.cdc.gov/norovirus/preventing-infection.html>.





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309-582-3759

Body fluid Cleanup Kit Contents:

- 3 pair of disposable gloves
- 1 pair of reusable heavy duty cleaning gloves
- 1 face mask/shield (disposable mask, eye protection)
- 1 pair disposable shoe covers
- 1 disposable plastic apron
- 1 roll paper towels
- 5 Gallon bucket
- 2 plastic garbage bags
- 1 disposable scoop and scraper
- 7 lb. cat litter
- Purell spray disinfectant, effective against Norovirus

Vomit/Fecal Clean-up

When an employee, customer or other individual vomits or has a diarrheal event in a food establishment, there is a real potential for the spread of harmful pathogens in the establishment. Putting the proper response into action in a timely manner can help reduce the likelihood that food may become contaminated and that others may become ill as a result of the accident. *Effective clean-up of vomit and fecal matter in a food establishment should be handled differently from routine cleaning procedures.*

Person-In-Charge Responsibilities

The person-in-charge is responsible for proper procedures and thoroughness of response. Who are the employees specially trained in personal protective equipment and clean-up procedures?

FORM 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

FORM 1-C Conditional Employee or Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to Norovirus, Typhoid fever (*Salmonella Typhi*), Shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 or other Shiga Toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* and Hepatitis A Virus

The Food Code specifies, under **Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition**, that Conditional Employees and Food Employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the Food Employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as **diarrhea**; or
2. Has a **current illness** involving Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.) *E. coli* O157:H7 infection (or other STEC), nontyphoidal *Salmonella* or hepatitis A virus (hepatitis A), or
3. Reports **past illness** involving typhoid fever (*S. Typhi*) within the past three months (while salmonellosis is fairly common in U.S., typhoid fever, caused by infection with *S. Typhi*, is rare).

Conditional Employee being referred: (Name, please print) _____

Food Employee being referred: (Name, please print) _____

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a **highly susceptible population** such as a day care center with preschool-age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?

YES NO

Reason for Medical Referral: The reason for this referral is checked below:

- Is chronically suffering from vomiting or diarrhea; or (specify) _____
- Diagnosed or suspected Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 (or other STEC) infection, nontyphoidal *Salmonella* or hepatitis A. (Specify) _____
- Reported past illness from typhoid fever within the past 3 months. (Date of illness) _____
- Other medical condition of concern per the following description: _____

Health Practitioner's Conclusion: (Circle the appropriate one; refer to reverse side of form)

- Food employee is free of **Norovirus** infection, typhoid fever (*S. Typhi* infection), *Shigella* spp. infection, *E. coli* O157:H7 (or other STEC infection), nontyphoidal *Salmonella* infection or **hepatitis A** virus infection, and may work as a food employee without restrictions.
- Food employee is an asymptomatic shedder of *E. coli* O157:H7 (or other STEC), *Shigella* spp., or Norovirus, and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve highly susceptible populations.
- Food employee is not ill but continues as an asymptomatic shedder of *E. coli* O157:H7 (or other STEC), *Shigella* spp. and should be excluded from food establishments that serve highly susceptible populations such as those who are preschool-age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
- Food employee is an asymptomatic shedder of **hepatitis A** virus and should be excluded from working in a food establishment until medically cleared.
- Food employee is an asymptomatic shedder of **Norovirus** and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.
- Food employee is suffering from Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 (or other STEC infection), or **hepatitis A** and should be excluded from working in a food establishment.
- Food employee is diagnosed with an infection from nontyphoidal *Salmonella* and is asymptomatic and should be restricted from working in food establishments serving a highly susceptible population and food



Food Service Manager Self-Inspection Checklist

Date _____

Observer _____

Use this checklist once a week to determine areas in your operation requiring corrective action. Record corrective action taken and keep completed records in a notebook for future reference.

Personal Dress and Hygiene

	Yes	No	Corrective Action		Yes	No	Corrective Action
Employees wear proper uniform including proper shoes.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hands are washed thoroughly using proper hand-washing procedures at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraint is worn.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking is observed only in designated areas away from preparation, service, storage, and warewashing areas.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished, and clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating, Drinking, or chewing gum are observed only in designated areas away from work areas.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to watch, simple earrings, and plain ring.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employees take appropriate action when coughing or sneezing.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed or gloves are changed at critical points.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Disposable tissues are used and disposed of When coughing/blowing nose.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts, or splints and bandages on hands are completely covered while handling food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Food Storage and Dry Storage

	Yes	No	Corrective Action		Yes	No	Corrective Action
Temperature is between 50° F and 70° F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	There is no bulging or leaking canned goods in storage.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food and paper supplies are 6 to 8 inches off the floor.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food is protected from contamination.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is labeled with name and delivery date.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	All surfaces and floors are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) method of Inventory is being practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from food and other food-related supplies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Large Equipment

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food slicer is clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	All other pieces of equipment are clean to sight and touch – equipment on serving lines, storage shelves, cabinets, ovens, ranges, fryers, and steam equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food slicer is sanitized between uses when used with potentially hazardous foods.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Exhaust hood and filters are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Refrigerator, Freezer, and Milk Cooler

	Yes	No	Corrective Action		Yes	No	Corrective Action
Thermometer is conspicuous and accurate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	Proper procedures have been practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is accurate for piece of equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	All food is properly wrapped, labeled, and dated.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches off floor in walk-ins.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	The FIFO (First In, First Out) method of Inventory is being practiced.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Unit is clean _____

Food Handling

	Yes	No	Corrective Action
Frozen food is thawed under refrigeration or in cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to be in the "temperature danger zone" for more than 4 hours.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is tasted using proper method.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to become cross-contaminated.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Food is handled with utensils, clean gloved hands, or clean hands.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are handled to avoid touching parts that will be in direct contact with food.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reusable towels are used only for sanitizing Equipment surfaces and not for drying hands, Utensils, floor, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Utensils and Equipment

	Yes	No	Corrective Action
All small equipment and utensils, including cutting boards, are sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Thermometers are washed and sanitized between each use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawers and racks are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, covered, or otherwise protected from dust or contamination when stored.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Hot Holding

	Yes	No	Corrective Action
Unit is clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is heating to 165° F before placing in hot holding.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Temperature of food being held is above 140° F.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is protected from contamination.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cleaning and Sanitizing

	Yes	No	Corrective Action
Three-compartment sink is used.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Three-compartment sink is properly set up for warewashing (wash, rinse, sanitize).....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine test kit or thermometer is used to check sanitizing rinse.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water temperatures are accurate.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
If heat sanitizing, the utensils are allowed to remain immersed in 170° F water for 30 seconds.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
If using chemical sanitizer, it is the proper dilution.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The water is clean and free of grease and food particles.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
The utensils are allowed to dry.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing Solution while in use.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Garbage Storage and Disposal

	Yes	No	Corrective Action
Kitchen garbage cans are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage cans are emptied as necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boxes and containers are removed from site.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Loading dock and area around dumpster are clean.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dumpster is closed.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Pest Control

	Yes	No	Corrective Action
Screens are on open windows and doors are in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
No evidence of pests is present.....	<input type="checkbox"/>	<input type="checkbox"/>	_____