

**DuPage County Health Department
Environmental Health Services
111 County Farm Road
Wheaton, Illinois 60187
630 682-7400 x7406**

Trolley

Mobile Vendor Information			
Business Name <i>Arrowhead Golf Club</i>		Place of Inspection <i>Arrowhead Golf Club</i>	
Inspection Type <i>Licensure</i>	Permit # <i>M - 0080 (2016)</i>	Old Permit # <i>M - 0031 (2015)</i>	
Operator <i>Steve Glass</i>	Vehicle License #	Truck/Route#	
The items marked below identify violations of Ordinance No. OHS-001-02 . Critical items in blue must be corrected immediately. All other items must be corrected as specified in the corrective action column. Failure to comply may result in suspension of your permit to operate.			

Inspection Information				
Violation	X	Weight	Violation Description	Corrective Action
Ordinance			Mobile Vehicle/Food Cart does not have a valid DuPage County permit to operate	Cease operations: Obtain permit from DCHD
1a		5	Foods are not obtained from an approved source	Items removed from sale
2		1	Pre-packaged foods are not properly labeled. (Name of product, source name & address, ingredients & weight) Illinois Dept. of Agriculture stamp on products containing meat except sandwiches.	Items removed from sale
3a		5	Potentially hazardous cold foods are not maintained at 41°F or less. Cold food temps:	Items removed from sale
3b		5	Potentially hazardous hot foods are not maintained at 140°F or higher. Hot food temps:	Items removed from sale
4		5	Equipment is not capable of maintaining required holding temperatures	Cease operations
5		1	Accurate thermometers not provided for holding units	Provide thermometers
7		5	Wrapped sandwiches stored in direct contact with ice. Other cross-contamination.	Items removed from sale
8		3	Foods are not individually wrapped or protected from contamination. Foods stored in undrained ice. Individually packaged or approved dispensers for condiments not provided.	Items removed from sale Items removed from sale Items removed from sale
14		3	Food service areas of vehicle/cart are not maintained in good repair	Repair
15		1	Non-food service areas of vehicle/cart are not maintained in good repair	Repair
22		3	Food service areas of vehicle/cart are soiled	Clean
23		1	Non-food service areas of vehicle/cart are soiled	Clean
25		1	Disposable single service items are not protected from contamination	Items removed from use
32		3	Hand washing sink not stocked with supplies	Refill supplies
41	<input checked="" type="checkbox"/>	5	Toxic products are not stored or labeled properly	Relocate; label items.

Information			
Other	<i>hot dogs 180°F</i> <i>4/1 Chemical spray bottle stored next to condiments → store chemicals in completely separate, designated area → Relocated bottle</i> <i>wrap 400°F</i>		
Start Time: <i>9:45</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Total Time <i>90 min</i>		
Manager Certified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Risk Type <i>3A</i>	Demerit Points <i>5</i>	
Follow-up			

Received By Signature	Printed Name
<i>[Signature]</i>	<i>Steve Glass</i>

Sanitarian: <i>224/22506</i>	ID <i>259</i>	Phone (630) 682-7400 ext. <i>7193</i>
An opportunity for appeal of this inspection report is available if a written request is filed with the Health Authority per County Code Chapter 18: Health		

Business Name: <i>Arrowhead Golf Club</i>	ID	Date: <i>6/25/15</i>
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Environmental Health Services
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CART #1

Mobile Vendor Information			
Business Name <u>Arrowhead Golf Club</u>		Place of Inspection <u>Arrowhead Golf Club</u>	
Inspection Type <u>Licensure</u>	Permit # <u>M - 0081 (2016)</u>	Old Permit # <u>M - 0032 (2015)</u>	
Operator <u>Steve Glass</u>	Vehicle License # <u>n/a</u>	Truck/Route# <u>n/a</u>	
The items marked below identify violations of Ordinance No. OHS-001-02 . <u>Critical items in blue must be corrected immediately</u> . All other items must be corrected as specified in the corrective action column. Failure to comply may result in suspension of your permit to operate.			

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4		5	Equipment is not capable of maintaining required holding temperatures	Cease operations
5		1	Accurate thermometers not provided for holding units	Provide thermometers
7		5	Wrapped sandwiches stored in direct contact with ice. Other cross-contamination.	Items removed from sale
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25		1	Disposable single service items are not protected from contamination	Items removed from use
32		3	Hand washing sink not stocked with supplies	Refill supplies
41		5	Toxic products are not stored or labeled properly	Relocate; label items.

Information			
Other <u>No violations observed at time of inspection</u>			
Start Time: <u>9:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Total Time <u>90 min</u>	
Manager Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Risk Type <u>1A</u>	Demerit Points <u>0</u>
Follow-up			

Received By Signature	Printed Name
<u>[Signature]</u>	<u>Steve Glass</u>

Sanitarian: <u>[Signature]</u>	ID <u>259</u>	Phone (630) 682-7400 ext. <u>7193</u>
An opportunity for appeal of this inspection report is available if a written request is filed with the Health Authority per County Code Chapter 18: Health		

Business Name: <u>Arrowhead Golf Club</u>	ID	Date: <u>6/25/15</u>
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630 682-7400 x7406**

CART #2

Mobile Vendor Information			
Business Name <u>Arrowhead Golf Club</u>		Place of Inspection <u>Arrowhead Golf Club</u>	
Inspection Type <u>Licensure</u>	Permit # <u>M - 0082 (2016)</u>	Old Permit # <u>M - 0033 (2015)</u>	
Operator	Vehicle License # <u>n/a</u>	Truck/Route# <u>n/a</u>	
The items marked below identify violations of Ordinance No. OHS-001-02 . Critical items in blue must be corrected immediately. All other items must be corrected as specified in the corrective action column. Failure to comply may result in suspension of your permit to operate.			

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41		5	Toxic products are not stored or labeled properly	Relocate; label items.

Information			
Other <u>No violations observed at time of inspection</u>			
Start Time: <u>9:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Total Time <u>90 min</u>	
Manager Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Risk Type <u>1A</u>	Demerit Points <u>0</u>
Follow-up			

Received By Signature	Printed Name
	<u>Steve Glass</u>

Sanitarian: <u>Jim J...</u>	ID <u>259</u>	Phone (630) 682-7400 ext. <u>7193</u>
An opportunity for appeal of this inspection report is available if a written request is filed with the Health Authority per County Code Chapter 18: Health		

Business Name: <u>Arrowhead Golf Club</u>	ID	Date: <u>6/25/15</u>
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