

LAW OFFICES

STORINO, RAMELLO & DURKIN

9501 WEST DEVON AVENUE
ROSEMONT, ILLINOIS 60018

(847) 318-9500

FACSIMILE (847) 318-9509

November 22, 2013
Via Electronic Mail

DONALD J. STORINO
MICHAEL K. DURKIN
RICHARD J. RAMELLO
NICHOLAS S. PEPPERS
THOMAS M. BASTIAN
ANGELO F. DEL MARTO
JAMES E. MACHOLL
BRIAN W. BAUGH
ANTHONY J. CASALE
ANDREW Y. ACKER
PETER A. PACIONE
MELISSA A. MIROBALLI
MATTHEW G. HOLMES

MICHAEL R. DURKIN
THOMAS J. HALLERAN
ERIN C. MORIARTY

JOSEPH G. KUSPER
MARK R. STEPHENS
BRYAN J. BERRY
ANN M. WILLIAMS
LEONARD P. DIORIO
RICHARD F. PELLEGRINO
DONALD J. STORINO II

OF COUNSEL

IN REPLY REFER TO FILE NO.

EP-1

Ms. Erica Burkert
EcoLoab
1601 W. Diehl Road
Naperville, Illinois 60563
inspections@activeviewwhdi.com

Re: *Freedom of Information Act Request*

Dear Ms. Burkert:

The Village of Elmwood Park is in receipt of your November 11, 2013 Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request, which was received by the Village of Elmwood Park on November 12, 2013. Enclosed please find records responsive to your request. 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 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 signatures, have been redacted from the records being provided.

The person responsible for the decision to deny a portion of your 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:

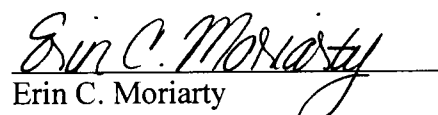
STORINO, RAMELLO & DURKIN

Ms. Erica Burkert
November 22, 2013
Page 2

Sarah Pratt, Acting Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Phone: 312-814-5526
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

Also, you are 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,


Erin C. Moriarty
One of the attorneys for
the Village of Elmwood Park

Enclosures

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 Elmwood School Address 2319 N. 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	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
FOOD											
*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											
*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	LIGHTING			
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean				
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils				
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing				
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	26		2	No re-use of single-service articles	VENTILATION			
8	X	2	Food protection during storage, preparation, display, service and transportation	WATER							
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	DRESSING ROOMS			
10		1	Food (ice) dispensing utensils properly stored	SEWAGE							
PERSONNEL											
*11		5	Personnel with infections restricted	*28		4	Sewage and waste water disposal	*41		5	Toxic items properly stored, labeled and used
*12		5	Hands washed and clean, good hygienic practices	PLUMBING				42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
13		1	Clean clothes, hair restraints	29		1	Installed, maintained	43		1	Complete separation from living/sleeping quarters, laundry
FOOD EQUIPMENT AND UTENSILS											
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	*30		5	Cross-connection, back siphonage, back flow	44		1	Clean, soiled linen properly stored
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	TOILET AND HAND-WASHING FACILITIES				45			Management personnel certified Yes _____ No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	31		4	Number, convenient, accessible, designed, installed	46			Public restroom clean and sanitary Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	47			Dumpster/grease barrel properly enclosed Yes _____ No _____
18		1	Pre-flushed, scraped, soaked	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean	48			No smoking section in dining room provided Yes _____ No _____
19		2	Wash, rinse water: clean, proper temperature	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	49			Bartenders properly licensed Yes _____ No _____
GARBAGE AND REFUSE DISPOSAL											
INSECT, RODENT, ANIMAL CONTROL											
*35											
4 Presence of insects/rodents, outer openings protected, no birds, turtles, other animals											

Temperatures: Temp/PPM Chemical _____ Hot Foods OK Cold Foods 36-38

Manager Certification No.: 01605665 4/18

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
8	TEMP CHARTS ARE AVAILABLE AND UP TO DATE PIZZA OVER HAMBURGER - FREEZER	ADRE ON SITE
	FAY LAST PEST CONTROL WITH JANET	

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

Date 9/26/13 Time 9:00 A.M. P.M. Sanitation Score 98% (100 Minus Demerits)

(Report must be posed on premises.) By _____ (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 Jr. High Address 2319 76A
 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.

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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	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	26		2	No re-use of single-service articles	40		1	Rooms clean, lockers provided, facilities clean
8		2	Food protection during storage, preparation, display, service and transportation				WATER	OTHER OPERATIONS			
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	*41		5	Toxic items properly stored, labeled and used
10		1	Food (ice) dispensing utensils properly stored				SEWAGE	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
			PERSONNEL				PLUMBING	43		1	Complete separation from living/sleeping quarters, laundry
*11		5	Personnel with infections restricted	28		4	Sewage and waste water disposal	44		1	Clean, soiled linen properly stored
*12		5	Hands washed and clean, good hygienic practices	29		1	Installed, maintained	45		1	Management personnel certified Yes _____ No _____
13		1	Clean clothes, hair restraints	*30		5	Cross-connection, back siphonage, back flow	46		1	Public restroom clean and sanitary Yes _____ No _____
			FOOD EQUIPMENT AND UTENSILS				TOILET AND HAND-WASHING FACILITIES	47		1	Dumpster/grease barrel properly enclosed Yes _____ No _____
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	31		4	Number, convenient, accessible, designed, installed	48		1	No smoking section in dining room provided Yes _____ No _____
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located				GARBAGE AND REFUSE DISPOSAL	49		1	Bartenders properly licensed Yes _____ No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue				
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean				
18		1	Pre-flushed, scraped, soaked	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration				
19		2	Wash, rinse water: clean, proper temperature	*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				

Temperatures: Temp/PPM Chemical _____ Hot Foods 182/170 Cold Foods 27-38-36-40

Manager Certification No.: 01263202 5/18

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	Handwritten (BUICKED) PAS. - 170.00	
	FAK LAST PEST CONTROL INSPECTION ATTN: JANET 708 452 3957	
	NO RECOMMENDATIONS @ PRESENT.	

Report and Instructions Received By [Signature] (Signature of Owner or Representative)
 Date 9-26-13 Time _____ A.M. 9:35 P.M. Sanitation Score 100 (100 Minus Demerits)
 (Report must be posed on premises.)
 Page 1 of 1 By [Signature] (Inspector)

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 JOLLY MILLS Address 2824 76 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.

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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				
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5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils	VENTILATION			
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	39		1	Rooms and equipment - vented as required
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8		2	Food protection during storage, preparation, display, service and transportation	WATER				40		1	Rooms clean, lockers provided, facilities clean
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	OTHER OPERATIONS			
10		1	Food (ice) dispensing utensils properly stored	SEWAGE				*41		5	Toxic items properly stored, labeled and used
PERSONNEL								PLUMBING			
*11		5	Personnel with infections restricted	*28		4	Sewage and waste water disposal	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
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FOOD EQUIPMENT AND UTENSILS								TOILET AND HAND-WASHING FACILITIES			
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16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated					GARBAGE AND REFUSE DISPOSAL			
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18		1	Pre-flushed, scraped, soaked	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	47			Dumpster/grease barrel properly enclosed Yes _____ No _____
19		2	Wash, rinse water: clean, proper temperature					INSECT, RODENT, ANIMAL CONTROL			
				*35		4	Presence of insects/rodents; outer openings protected, no birds, turtles, other animals	48			No smoking section in dining room provided Yes _____ No _____
								49			Bartenders properly licensed Yes _____ No _____

Temperatures: Temp/PPM Chemical _____ Hot Foods 159.9 Cold Foods 37.34 33.36
 Manager Certification No.: 01578013 - 8/17

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
8	HAMBERGER UNDER COOKED IN FREEZER OR STORED IN TRAY	Done on site
42	Remove EXTENSION CARD	NOW
- FAX LAST PEST CONTROL INSPECTION 708-452-3957		

Report and Instructions Received By _____ (Signature of Owner or Representative)
 Date 9/20/13 Time 10¹⁵ A.M. Sanitation Score 97% (100 Minus Demerits)
 (Report must be posed on premises.)
 Page 1 of 1 By _____ (Inspector)