



Food Establishment Inspection Report

Establishment Name Newman Hall by Upper Crust	Permit # 3445	Owner/Manager Upper Crust	Date 10/28/2025
Street Address 604 E Army Ave		Purpose of Inspection Reinspection	Time In 08:00 AM
			Time Out 09:15 AM
City/State Champaign, IL	ZIP Code 61820	No. of Risk Factor/Intervention Violations: 0	Risk Category 1
		No. of Repeat Risk Factor/Intervention Violations: 0	Inspection Result Yellow

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/O=not observed N/A=not applicable
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.

Compliance Status		COS	R	Compliance Status		COS	R
SUPERVISION				PROTECTION FROM CONTAMINATION			
1	IN OUT N/A	Person in charge present, demonstrates knowledge, and performs duties		15	IN OUT N/A N/O	Food separated and protected	
2	IN OUT N/A	Certified Food Protection Manager		16	IN OUT N/A	Food-contact surfaces: cleaned & sanitized	
EMPLOYEE HEALTH				17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		TIME/TEMPERATURE CONTROL FOR SAFETY			
4	IN OUT	Proper use of restriction and exclusion		18	IN OUT N/A N/O	Proper cooking time & temperatures	
5	IN OUT	Procedures for responding to vomiting and diarrheal events		19	IN OUT N/A N/O	Proper reheating procedures for hot holding	
GOOD HYGIENIC PRACTICES				20	IN OUT N/A N/O	Proper cooling time and temperature	
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		21	IN OUT N/A N/O	Proper hot holding temperatures	
7	IN OUT N/O	No discharge from eyes, nose, and mouth		22	IN OUT N/A N/O	Proper cold holding temperatures	
PREVENTING CONTAMINATION BY HANDS				23	IN OUT N/A N/O	Proper date marking and disposition	
8	IN OUT N/O	Hands clean & properly washed		24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records	
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		CONSUMER ADVISORY			
10	IN OUT	Adequate handwashing sinks properly supplied and accessible		25	IN OUT N/A	Consumer advisory provided for raw/undercooked food	
APPROVED SOURCE				HIGHLY SUSCEPTIBLE POPULATIONS			
11	IN OUT	Food obtained from approved source		26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
12	IN OUT N/A N/O	Food received at proper temperature		FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES			
13	IN OUT	Food in good condition, safe, & unadulterated		27	IN OUT N/A	Food additives: approved and properly used	
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, and parasite destruction		28	IN OUT N/A	Toxic substances properly identified, stored, & used	
				CONFORMANCE WITH APPROVED PROCEDURES			
				29	IN OUT N/A	Compliance with variance/specialized process/HACCP	

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
In the sections below, red circle=out of compliance Mark "X" in appropriate box for COS and/or R COS=corrected on site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
SAFE FOOD AND WATER				PROPER USE OF UTENSILS			
30	OUT	Pasteurized eggs used where required		44	OUT	Utensils, equipment & linens: properly stored, dried, & handled	
31	OUT	Water & ice from approved source		45	OUT	Single-use/single-service articles: properly stored & used	
32	OUT	Variance obtained for specialized processing methods		46	OUT	Gloves used properly	
FOOD TEMPERATURE CONTROL				UTENSILS, EQUIPMENT, AND VENDING			
33	OUT	Proper cooling methods used; adequate equipment for temperature control		47	OUT	Food & non-food contact surfaces cleanable, properly designed, constructed & used	
34	OUT	Plant food properly cooked for hot holding		48	OUT	Warewashing facilities: installed, maintained & used; test strips	
35	OUT	Approved thawing methods used		49	OUT	Non-food contact surfaces clean	
36	OUT	Thermometers provided & accurate		PHYSICAL FACILITIES			
FOOD IDENTIFICATION				50	OUT	Hot & cold water available; adequate pressure	
37	OUT	Food properly labeled; original container		51	OUT	Plumbing installed; proper backflow devices	
PREVENTION OF FOOD CONTAMINATION				52	OUT	Sewage & waste water properly disposed	
38	OUT	Insects, rodents, & animals not present		53	OUT	Toilet facilities: properly constructed, supplied, & cleaned	
39	OUT	Contamination prevented during food preparation, storage & display		54	OUT	Garbage & refuse properly disposed; facilities maintained	
40	OUT	Personal cleanliness		55	OUT	Physical facilities installed, maintained & clean	
41	OUT	Wiping cloths: properly used & stored		56	OUT	Adequate ventilation & lighting; designated areas used	
42	OUT	Washing fruit, vegetables and other plant food		FOOD HANDLER AND ALLERGEN AWARENESS			
PROPER USE OF UTENSILS				57	OUT	Food handler training 410 ILCS 625/3.06	
43	OUT	In-use utensils: properly stored		58	OUT	Allergen awareness training for CFPM 410 ILCS 625/3.07 (rest. only)	
				59	OUT	Allergen awareness notice 410 ILCS 625/3.08 (rest. only)	

Food Establishment Inspection Report

Page 2 of 2

Establishment Name: Newman Hall by Upper Crust

Permit #: 3445

Water Supply: ☒ Public ☐ PrivateWaste Water System: ☒ Public ☐ Private

Sanitizer Type:: _____ PPM: _____ Heat: _____

Illinois Requirements: ☒ Use of **non-latex** gloves for food handling and preparation **410 ILCS 180/10**.☒ Appropriate default beverage for children's meal **410 ILCS 620/21.5**.

CFPM AND HACCP

CFPM Verification (name, expiration date, ID#):

Exp. Date:
ID #:Exp. Date:
ID #:Exp. Date:
ID #:Exp. Date:
ID #:

HACCP Topic:

OBSERVATIONS AND CORRECTIVE ACTIONS

Item No.	P	Pf	C	R	Violations cited in this report must be corrected within the timeframes below. NRI=Next Routine Inspection	Correction Date
Inspection Comments					<p>Today's Re-inspection verified that all Priority (P), Priority foundation (Pf), and Core (C) violations from the Routine inspection and subsequent follow-up inspections were corrected.</p> <p>The facility was unsuccessful in providing adequate cold holding equipment to accommodate service per usual. Moving forward, the facility must operate using a modified menu/service plan and continue to do so until new equipment has been approved by the Health Authority.</p> <p>The health permit was reinstated at approximately 9:15 AM. The Red Closed placard was removed, and it was replaced with a Yellow Food Safety Alert Placard. The inspection result/placard will remain Yellow until a follow-up inspection has been completed approximately 10 business days from today. The follow-up inspection will further verify the effectiveness of the food safety management system implemented by the food service provider.</p> <p>A VCF was issued for core violations seen during the re-inspection. The VCF is due November 12, 2025.</p> <p>Please contact me with any questions or concerns at rwilson@c-uphd.org</p>	

Person in Charge (Signature) Glenda, CFPM

Date: 10/28/2025

Environmental Health Specialist (Signature) Rami Wilson

Follow-up: ☐ Yes ☒ No Follow-up Date: