

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations		<b>Date</b>	7/3/17
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment		Location		Phone	
License / Permit #		Purpose of Inspection	Est Type	Risk Category	
		Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/>	FS <input type="checkbox"/> RS <input checked="" type="checkbox"/>	High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS


Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Demonstration of Knowledge</b>							
<b>1</b>	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/>	Certification by accredited program, compliance with Code, or correct responses			<b>16</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Proper cooking time & temperatures
					<b>17</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Proper reheating proc for hot holding
<b>Potentially Hazardous Food Time/Temperature</b>							
<b>Employee Health</b>							
<b>2</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Management awareness; policy present			<b>18</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Proper cooling time & temperatures
<b>3</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Proper use of reporting, restriction & exclusion			<b>19</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Proper hot holding temperatures
<b>Good Hygienic Practices</b>							
<b>4</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			<b>20</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper cold holding temperatures
<b>5</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	No discharge from eyes, nose, and mouth			<b>21</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Proper date marking & disposition
<b>Preventing Contamination by Hands</b>							
<b>6</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/>	Hands clean & properly washed			<b>22</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Time as public health control; proc & rec
<b>Consumer Advisory</b>							
<b>7</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	No bare hand contact with RTE foods or approved alternate method properly followed			<b>23</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations</b>							
<b>8</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<b>24</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered
<b>Approved Sources</b>							
<b>9</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Food obtained from approved source			<b>25</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food additives: approved & properly used
<b>10</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Food received at proper temperature			<b>26</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Toxic substances properly identified, stored & used
<b>11</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Food in good condition, safe & unadulterated			<b>Conformance with Approved Procedures</b>		
<b>12</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> O <input type="checkbox"/>	Required records available: shelf stock tags, parasite destruction			<b>27</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Compliance with variance, specialized process, & HACCP plan
<b>Protection from contamination</b>							
<b>13</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food separated & protected			<b>Risk factors</b> are improper 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.		
<b>14</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized					
<b>15</b>	IN <input type="checkbox"/> OUT <input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned & unsafe food					

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. COS=corrected on-site during inspection R=repeat violation

		COS	R			COS	R
<b>Safe Food and Water</b>							
<b>28</b>		Pasteurized eggs used where required			<b>41</b>		In-use utensils: properly stored
<b>29</b>		Water & ice from approved source			<b>42</b>		Utensils, equip & linens: properly stored, dried & handled
<b>30</b>		Variance obtained for specialized processing methods			<b>43</b>		Single-use & single-service articles: properly stored & used
<b>Food Temperature Control</b>							
<b>31</b>		Proper cooling methods used; adequate equipment for temperature control			<b>44</b>		Gloves used properly
<b>Utensils, Equipment and Vending</b>							
<b>32</b>		Plant food properly cooked for hot holding			<b>45</b>		Food & non-food contact surfaces cleanable, properly designed, constructed & used
<b>33</b>		Approved thawing methods used			<b>46</b>		Warewashing facilities: installed, maintained, used: test strips
<b>34</b>		Thermometers provided & accurate			<b>47</b>		Non-food contact surfaces clean
<b>Food Identification</b>							
<b>35</b>		Food properly labeled; original container			<b>48</b>		Hot & cold water available; adequate pressure
<b>Prevention of Food Contamination</b>							
<b>36</b>		Insects, rodents & animals not present; no unauthorized persons			<b>49</b>		Plumbing installed; proper backflow devices
<b>37</b>		Contamination prevented during prep, storage & display			<b>50</b>		Sewage & waste water properly disposed
<b>38</b>		Personal cleanliness			<b>51</b>		Toilet facilities: properly constructed, supplied & cleaned
<b>39</b>		Wiping cloths: properly used & stored			<b>52</b>		Garbage & refuse properly disposed; facilities maintained
<b>40</b>		Washing fruits & vegetables			<b>53</b>		Physical facilities installed, maintained & clean
<b>54</b>					<b>54</b>		Adequate ventilator & lighting: designated areas used

Person in Charge (Signature)   
 Inspector (Signature) \_\_\_\_\_

Follow-up: YES  NO  (Circle one)

Follow-up Date: \_\_\_\_\_

APPROVED

NEW

RE-NEW

RE-INSPECT

**FOOD ESTABLISHMENT INSPECTION REPORT**

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>	GREASE TRAP INSTALLED Yes      No	Date <u>7/3/17</u>
Establishment	Address/City/State/Zip Code	Phone

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Observations and Corrective Actions
	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
	Stopped regarding violations, not during previous inspection
	Housekeeping is improved, but must remain vigilant to
	Keep facility in current sanitary condition
1)	Current FEC certificate is still not available and posted in public view as required.
	Re-inspect fee is 10 <sup>00</sup>
	Re-inspect to be completed <del>within 30 days</del> by Sep 30 2017
	OK to Renew with Fee

Person in Charge (Signature) <u><i>[Signature]</i></u>	Date: <u>7/3/17</u>
Inspector (Signature) <u><i>[Signature]</i></u>	Date: <u>7/3/17</u>