

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations	Date	1/16/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	1/21/2017
Establishment <b>Pizza Hut</b>		Location <b>322 E Central Ave</b>		Phone <b>827-2795</b>
License / Permit #	Permit/Holder <b>Arlene Lawrence</b>	Purpose of Inspection <u>Routine</u> Follow-up	Est Type FS RS <u>RS</u>	Risk Category <u>High</u> Medium Low

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

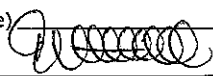
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

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

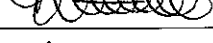
## GOOD RETAIL PRACTICES

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

Person in Charge (Signature) 

Follow-up: YES  **NO**  (Circle one)

Inspector (Signature) 

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

**APPROVED**     
  **NEW**     
  **RE-NEW**     
  **RE-INSPECT**

**FOOD ESTABLISHMENT INSPECTION REPORT**

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date <u>1/16/17</u>
Establishment <b>Pizza Hut</b>	Address/City/State/Zip Code <b>322 E Central Ave</b>	Phone <b>827-2795</b>

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Ham	39.7	Pizza Melt Table			
Pasta	170° F	Pizza Bar			
Sauce	138°	Buffet			
Coltaze Cheese	39°				
Walk-in	38°				
FEC	7/2020				

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	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.
37	Frozen Condensate dripping from overhead refrigerator unit in walk-in freezer. Accumulating on master cartons of pizza dough stored beneath.

Person in Charge (Signature) <u>Melissa Shreve</u>	Date: <u>1/16/17</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>1/16/17</u>