

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations	Date
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration <b>8/25/2017</b>
Establishment <b>St. James Soup Kitchen</b>		Location <b>112 E. Main St.</b>	
License / Permit #	Permit/Holder	Purpose of Inspection Routine Follow-up	Est Type FS <b>RS</b>
		Risk Category High <b>Medium</b> Low	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

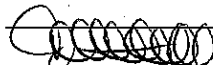
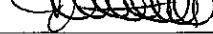
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Demonstration of Knowledge</b>							
<b>1</b>	IN OUT			<b>16</b>	IN OUT N/A N/O		
Certification by accredited program, compliance with Code, or correct responses				<b>17</b>	IN OUT N/A N/O		
<b>Employee Health</b>							
<b>2</b>	IN OUT			<b>18</b>	IN OUT N/A N/O		
Management awareness; policy present				<b>19</b>	IN OUT N/A N/O		
<b>3</b>	IN OUT			<b>20</b>	IN OUT N/A		
Proper use of reporting, restriction & exclusion				<b>21</b>	IN OUT N/A N/O		
<b>Good Hygienic Practices</b>							
<b>4</b>	IN OUT N/O			<b>22</b>	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco use							
<b>5</b>	IN OUT N/O						
No discharge from eyes, nose, and mouth							
<b>Preventing Contamination by Hands</b>							
<b>6</b>	IN OUT N/O			<b>23</b>	IN OUT N/A		
Hands clean & properly washed				<b>Consumer Advisory</b>			
<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				<b>24</b>	IN OUT N/A		
<b>8</b>	IN OUT			<b>Chemical</b>			
Adequate handwashing facilities supplied & accessible				<b>25</b>	IN OUT N/A		
<b>Approved Sources</b>							
<b>9</b>	IN OUT			<b>26</b>	IN OUT N/A		
Food obtained from approved source				<b>Conformance with Approved Procedures</b>			
<b>10</b>	IN OUT N/A N/O			<b>27</b>	IN OUT N/A		
Food received at proper temperature				<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>11</b>	IN OUT						
Food in good condition, safe & unadulterated							
<b>12</b>	IN OUT N/A N/O						
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

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
<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>Physical Facilities</b>			
<b>Prevention of Food Contamination</b>							
<b>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>48</b>	Hot & cold water available; adequate pressure		
<b>37</b>	Contamination prevented during prep, storage & display			<b>49</b>	Plumbing installed; proper backflow devices		
<b>38</b>	Personal cleanliness			<b>50</b>	Sewage & waste water properly disposed		
<b>39</b>	Wiping cloths: properly used & stored			<b>51</b>	Toilet facilities: properly constructed, supplied & cleaned		
<b>40</b>	Washing fruits & vegetables			<b>52</b>	Garbage & refuse properly disposed; facilities maintained		
				<b>53</b>	Physical facilities installed, maintained & clean		
				<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**

CITY OF TITUSVILLE  
DEPARTMENT OF HEALTH

GREASE TRAP INSTALLED  
Yes No

Date 9/5/17

Establishment  
**St. James Soup Kitchen**

Address/City/State/Zip Code  
**112 E. Main St.**

Phone

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Freezer	= 10				
Refr - 1	38°				
FEC	40				

**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.
	<i>No significant violations noted at this inspection.</i>

Person in Charge (Signature) *James F. McEwen* Date: 9/5/17  
 Inspector (Signature) *[Signature]* Date: 9/5/17