

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	7/13/17
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	6/21/2017
Establishment Titusville Senior Center		Location 714 E. Main St.		Phone 827-9134	
License / Permit #	Permit/Holder Tim Snyder	Purpose of Inspection Routine Follow-up	Est Type FS RS	Risk Category High 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
Demonstration of Knowledge				Potentially Hazardous Food Time/Temperature			
1	IN OUT			16	IN OUT N/A N/O		
Certification by accredited program, compliance with Code, or correct responses				17	IN OUT N/A N/O		
Employee Health				18	IN OUT N/A N/O		
2	IN OUT			19	IN OUT N/A N/O		
Management awareness; policy present				20	IN OUT N/A		
3	IN OUT			21	IN OUT N/A N/O		
Proper use of reporting, restriction & exclusion				22	IN OUT N/A N/O		
Good Hygienic Practices				Consumer Advisory			
4	IN OUT N/O			23	IN OUT N/A		
Proper eating, tasting, drinking, or tobacco use				Consumer advisory provided for raw or undercooked foods			
5	IN OUT N/O			Highly Susceptible Populations			
No discharge from eyes, nose, and mouth				24	IN OUT N/A		
Preventing Contamination by Hands				Chemical			
6	IN OUT N/O			25	IN OUT N/A		
Hands clean & properly washed				26	IN OUT N/A		
7	IN OUT N/A N/O			Conformance with Approved Procedures			
No bare hand contact with RTE foods or approved alternate method properly followed				27	IN OUT N/A		
8	IN OUT			Compliance with variance, specialized process, & HACCP plan			
Adequate handwashing facilities supplied & accessible				Risk factors 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.			
Approved Sources							
9	IN OUT						
Food obtained from approved source							
10	IN OUT N/A N/O						
Food received at proper temperature							
11	IN OUT						
Food in good condition, safe & unadulterated							
12	IN OUT N/A N/O						
Required records available: shelf stock tags, parasite destruction							
Protection from contamination							
13	IN OUT N/A						
Food separated & protected							
14	IN OUT N/A						
Food-contact surfaces: cleaned & sanitized							
15	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
Safe Food and Water				Proper Use of Utensils			
28				41			
Pasteurized eggs used where required				In-use utensils: properly stored			
29				42			
Water & ice from approved source				Utensils, equip & linens: properly stored, dried & handled			
30				43			
Variance obtained for specialized processing methods				Single-use & single-service articles: properly stored & used			
Food Temperature Control				44			
31				Gloves used properly			
Proper cooling methods used; adequate equipment for temperature control				Utensils, Equipment and Vending			
32				45			
Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed & used			
33				46			
Approved thawing methods used				Warewashing facilities: installed, maintained, used: test strips			
34				47			
Thermometers provided & accurate				Non-food contact surfaces clean			
Food Identification				Physical Facilities			
35				48			
Food properly labeled; original container				Hot & cold water available; adequate pressure			
Prevention of Food Contamination				49			
36				Plumbing installed; proper backflow devices			
Insects, rodents & animals not present; no unauthorized persons				50			
37				Sewage & waste water properly disposed			
Contamination prevented during prep, storage & display				51			
38				Toilet facilities: properly constructed, supplied & cleaned			
Personal cleanliness				52			
39				Garbage & refuse properly disposed; facilities maintained			
Wiping cloths: properly used & stored				53			
40				Physical facilities installed, maintained & clean			
Washing fruits & vegetables				54			
				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 7/13/17

Establishment
Titusville Senior Center

Address/City/State/Zip Code
714 E. Main St.

Phone
827-9134

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Pasta	195				
Gr Beans	195				
Milk	390				

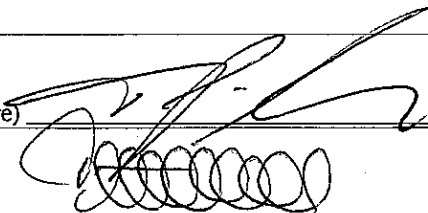
OBSERVATIONS AND CORRECTIVE ACTIONS

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.

No Sanitation violations noted by inspector

Person in Charge (Signature)



Date:

7/13/17

Inspector (Signature)



Date:

7/13/17