

# 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> 11/30/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration <b>11/10/2017</b>
Establishment <b>Perkins Restaurant</b>		Location <b>219 E Central Ave</b>	Phone <b>827-7339</b>
License / Permit #	Permit/Holder <b>Marc Teaberry</b>	Purpose of Inspection Routine <input checked="" type="radio"/> Follow-up <input type="radio"/>	Est Type FS <input type="radio"/> <b>RS</b> <input checked="" type="radio"/>
Risk Category High <input checked="" type="radio"/> Medium <input type="radio"/> Low <input type="radio"/>			

## 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		Compliance Status	
		COS	R
<b>Demonstration of Knowledge</b>			
<b>1</b>	<input checked="" type="radio"/> IN	Certification by accredited program, compliance with Code, or correct responses	
<b>Employee Health</b>			
<b>2</b>	IN OUT	Management awareness; policy present	
<b>3</b>	IN OUT	Proper use of reporting, restriction & exclusion	
<b>Good Hygienic Practices</b>			
<b>4</b>	IN OUT 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	Hands clean & properly washed	
<b>7</b>	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed	
<b>8</b>	IN OUT	Adequate handwashing facilities supplied & accessible	
<b>Approved Sources</b>			
<b>9</b>	IN OUT	Food obtained from approved source	
<b>10</b>	IN OUT N/A N/O	Food received at proper temperature	
<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	
<b>Potentially Hazardous Food Time/Temperature</b>			
<b>16</b>	IN OUT N/A N/O	Proper cooking time & temperatures	
<b>17</b>	IN OUT N/A N/O	Proper reheating proc for hot holding	
<b>18</b>	IN OUT N/A N/O	Proper cooling time & temperatures	
<b>19</b>	IN OUT N/A N/O	Proper hot holding temperatures	
<b>20</b>	IN OUT N/A	Proper cold holding temperatures	
<b>21</b>	IN OUT N/A N/O	Proper date marking & disposition	
<b>22</b>	IN OUT N/A N/O	Time as public health control; proc & rec	
<b>Consumer Advisory</b>			
<b>23</b>	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>			
<b>24</b>	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
<b>Chemical</b>			
<b>25</b>	IN OUT N/A	Food additives: approved & properly used	
<b>26</b>	IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/>	Toxic substances properly identified, stored & used	<b>X</b>
<b>Conformance with Approved Procedures</b>			
<b>27</b>	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
<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.			

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

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>	<b>GREASE TRAP INSTALLED</b> <input checked="checked" type="radio"/> Yes <input type="radio"/> No	<b>Date</b> <u>11/30/17</u>
<b>Establishment</b> <b>Perkins Restaurant</b>	<b>Address/City/State/Zip Code</b> <b>219 E Central Ave</b>	<b>Phone</b> <b>827-7339</b>

#### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hsm	Side Unit	41°			
Tomatoe	Side	39°			
Hotdog	Walk-in	40°			
Freezer		0°			
FEC	Yes				

#### 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.
26	One several can of insecticide stored on bottom shelf of dishwasher area. <b>Removed. (LOS)</b>
49	Water from ice machine leaking onto the floor in the kitchen.
53	Accumulation of grease and dried food spillage on the bottom shelves of grill units in the grill area.
59	Heavy grease and dust build-up in the interior hood body observed where an exhaust tower is removed.

<b>Person in Charge (Signature)</b> <u><i>Chris Harris</i></u>	<b>Date:</b> _____
<b>Inspector (Signature)</b> <u><i>[Signature]</i></u>	<b>Date:</b> <u>11/30/17</u>