

**CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT**

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations	Date	3/2/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	3/9/2017
Establishment <b>Boonies Sports Bar</b>		Location <b>122 Diamond St</b>		Phone <b>827-4378</b>
License / Permit #	Permit/Holder <b>Chad Covell</b>	Purpose of Inspection <u>Routine</u> Follow-up	Est Type FS <u>RS</u>	Risk Category <u>High</u> Medium Low

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

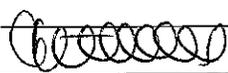
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

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

**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>	<input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control			<b>44</b>	Gloves used properly		
<b>Food Identification</b>							
<b>32</b>	Plant food properly cooled for hot holding			<b>Utensils, Equipment and Vending</b>			
<b>33</b>	Approved thawing methods used			<b>45</b>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
<b>34</b>	Thermometers provided & accurate			<b>46</b>	Warewashing facilities: installed, maintained, used: test strips		
<b>Prevention of Food Contamination</b>							
<b>35</b>	Food properly labeled; original container			<b>47</b>	Non-food contact surfaces clean		
<b>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>Physical Facilities</b>			
<b>37</b>	Contamination prevented during prep, storage & display			<b>48</b>	Hot & cold water available; adequate pressure		
<b>38</b>	Personal cleanliness			<b>49</b>	Plumbing installed; proper backflow devices		
<b>39</b>	Wiping cloths: properly used & stored			<b>50</b>	Sewage & waste water properly disposed		
<b>40</b>	Washing fruits & vegetables			<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>54</b>	<input checked="" type="checkbox"/> 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

