

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	2	Date	1/17/17
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	2/2/2017
Establishment Bunyan's		Location 144 Diamond St		Phone -	
License / Permit #	Permit/Holder Ralph Nichols	Purpose of Inspection Routine Follow-up	Est Type FS (RS) ES	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							
4	IN OUT N/O						
Proper eating, tasting, drinking, or tobacco use							
5	IN OUT N/O						
No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands				Consumer Advisory			
6	IN OUT N/O			23	IN OUT N/A		
Hands clean & properly washed				Highly Susceptible Populations			
7	IN OUT N/A N/O			24	IN OUT N/A		
No bare hand contact with RTE foods or approved alternate method properly followed				Pasteurized foods used; prohibited foods not offered			
8	IN (OUT)		X				
Adequate handwashing facilities supplied & accessible							
Approved Sources				Chemical			
9	IN OUT			25	IN OUT N/A		
Food obtained from approved source				Conformance with Approved Procedures			
10	IN OUT N/A N/O			26	IN OUT N/A		
Food received at proper temperature				Compliance with variance, specialized process, & HACCP plan			
11	IN OUT			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.			
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				Utensils, Equipment and Vending			
31				44			
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly			
32				45			
Plant food properly cooled for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed & used			
33				46	X		
Approved thawing methods used				Warewashing facilities: installed, maintained, used: test strips			
34	X			47	X		
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			
Insects, rodents & animals not present; no unauthorized persons				Plumbing installed; proper backflow devices			
36				50			
Contamination prevented during prep, storage & display				Sewage & waste water properly disposed			
37	X			51			
Personal cleanliness				Toilet facilities: properly constructed, supplied & cleaned			
38				52			
Wiping cloths: properly used & stored				Garbage & refuse properly disposed; facilities maintained			
39				53	X		
Washing fruits & vegetables				Physical facilities installed, maintained & clean			
40				54			
				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

X RE-INSPECT

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date <u>1/17/17</u>
Establishment Bunyan's	Address/City/State/Zip Code 144 Diamond St	Phone -

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chese	37°				
Freeze	0°				
FEC	NO				

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.
1	A current FEC certificate is not available.
2	NO HANDWASH SOAP AVAILABLE AT HANDWASH SINK (CORRECT)
34	NO AIR GAUGE THERMOMETER AVAILABLE IN REFRIGERATED UNIT.
47	Accumulation of excess food debris and grease on stove and fryer exteriors.
53	Several water stains, bulged ceiling tiles above the hood.
53	Build-up of grease and food residue on floor beneath and behind grill line.
37	Heavy frozen condensate build-up on interior top of reach-in freezer.
46	Chemical test strips have gotten wet and are no longer functional. Re-inspect to be conducted at additional fee to facility.

Person in Charge (Signature) <u></u>	Date: <u>1-17-17</u>
Inspector (Signature) <u></u>	Date: <u>1/17/17</u>