

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | |
|--|---------------|---|-----------------------------|---|--|
| CITY OF TITUSVILLE DEPARTMENT OF HEALTH | | No. of Risk Factor/Interventions Violations | | Date 4/4/17 | |
| | | No. of Repeat Risk Factor/Intervention/Violations | | Current Expiration 5/4/2017 | |
| Establishment Family Dollar #3572 | | Location 101 Diamond St. | | Phone - | |
| License / Permit # | Permit/Holder | Purpose of Inspection Routine Follow-up | Est Type FS RS FS | Risk Category High Medium Low | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

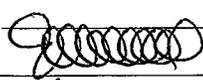
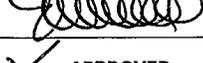
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R. **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R | | | | |
|--|----------------|-----|---|---|----------------|-----|---|--|--|--|--|
| Demonstration of Knowledge | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 2 | IN OUT | | | 18 | IN OUT N/A N/O | | | | | | |
| Management awareness; policy present | | | | 19 | IN OUT N/A N/O | | | | | | |
| 3 | IN OUT | | | 20 | IN OUT N/A | | | | | | |
| Proper use of reporting, restriction & exclusion | | | | 21 | IN OUT N/A N/O | | | | | | |
| Good Hygienic Practices | | | | | | | | | | | |
| 4 | IN OUT N/O | | | 22 | IN OUT N/A N/O | | | | | | |
| Proper eating, tasting, drinking, or tobacco use | | | | Time as public health control; proc & rec | | | | | | | |
| 5 | IN OUT N/O | | | | | | | | | | |
| No discharge from eyes, nose, and mouth | | | | | | | | | | | |
| Preventing Contamination by Hands | | | | | | | | | | | |
| 6 | IN OUT N/O | | | 23 | IN OUT N/A | | | | | | |
| Hands clean & properly washed | | | | Consumer Advisory | | | | | | | |
| 7 | IN OUT N/A N/O | | | Highly Susceptible Populations | | | | | | | |
| No bare hand contact with RTE foods or approved alternate method properly followed | | | | 24 | IN OUT N/A | | | | | | |
| 8 | IN OUT | | | Pasteurized foods used; prohibited foods not offered | | | | | | | |
| Adequate handwashing facilities supplied & accessible | | | | | | | | | | | |
| Approved Sources | | | | | | | | | | | |
| 9 | IN OUT | | | 25 | IN OUT N/A | | | | | | |
| Food obtained from approved source | | | | Chemical | | | | | | | |
| 10 | IN OUT N/A N/O | | | 26 | IN OUT N/A | | | | | | |
| Food received at proper temperature | | | | Food additives: approved & properly used | | | | | | | |
| 11 | IN OUT | | X | Conformance with Approved Procedures | | | | | | | |
| Food in good condition, safe & unadulterated | | | | 27 | IN OUT N/A | | | | | | |
| 12 | IN OUT N/A N/O | | | Compliance with variance, specialized process, & HACCP plan | | | | | | | |
| Required records available: shelf stock tags, parasite destruction | | | | 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. | | | | | | | |
| 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 | | | | | | | |
| 28 | | | | 41 | | | |
| Pasteurized eggs used where required | | | | Proper Use of Utensils | | | |
| 29 | | | | 42 | | | |
| Water & ice from approved source | | | | In-use utensils: properly stored | | | |
| 30 | | | | 43 | | | |
| Variance obtained for specialized processing methods | | | | Utensils, equip & linens: properly stored, dried & handled | | | |
| Food Temperature Control | | | | | | | |
| 31 | | | | 44 | | | |
| Proper cooling methods used; adequate equipment for temperature control | | | | Utensils, Equipment and Vending | | | |
| 32 | | | | 45 | | | |
| Plant food properly cooled 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 | | | | | | | |
| 35 | | | | 48 | | | |
| Food properly labeled; original container | | | | Physical Facilities | | | |
| Prevention of Food Contamination | | | | | | | |
| 36 | | | | 49 | | | |
| Insects, rodents & animals not present; no unauthorized persons | | | | Plumbing installed; proper backflow devices | | | |
| 37 | | | | 50 | | | |
| Contamination prevented during prep, storage & display | | | | Sewage & waste water properly disposed | | | |
| 38 | | | | 51 | | | |
| Personal cleanliness | | | | Toilet facilities: properly constructed, supplied & cleaned | | | |
| 39 | | | | 52 | | | |
| Wiping cloths: properly used & stored | | | | Garbage & refuse properly disposed; facilities maintained | | | |
| 40 | | | | 53 | | | |
| Washing fruits & vegetables | | | | Physical facilities installed, maintained & clean | | | |
| | | | | 54 | | | |
| | | | | Adequate ventilator & lighting: designated areas used | | | |

Person in Charge (Signature) 
 Inspector (Signature) 
 APPROVED NEW

Follow-up: YES NO (Circle one)
 Follow-up Date: _____
 RE-NEW RE-INSPECT

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE
DEPARTMENT OF HEALTH

GREASE TRAP INSTALLED
Yes No

Date 4/4/17

Establishment
Family Dollar #3572

Address/City/State/Zip Code
101 Diamond St.

Phone
-

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------|------|---------------|------|---------------|------|
| Rsch-w | 37° | | | | |
| Freezer | 20° | | | | |
| | | | | | |
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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.

11 One 1/2 gallon of Meadow Brook Dairy pasteurized 2% milk with expire sell-by date of 3/30/17 offer for sale from retail display. (cos) removed, disposal.

Person in Charge (Signature)

Leresa Carlson 3572

Date:

4-4-17

Inspector (Signature)

[Signature]

Date:

4/4/17