

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations		Date <span style="font-size: 1.2em;">4/4/17</span>	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration <span style="font-size: 1.2em;">5/4/2017</span>	
Establishment <b>Lin's China Wok Buffet</b>		Location <b>225 W Spring St</b>		Phone -	
License / Permit #	Permit/Holder <b>Wen Ying Chen</b>	Purpose of Inspection Routine Follow-up	Est Type FS RS <span style="font-size: 1.2em;">RS</span>	Risk Category <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">High</span> 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

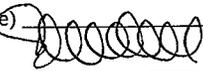
Compliance Status		COS	R	Compliance Status		COS	R
<b>Demonstration of Knowledge</b>							
<b>1</b>	IN OUT	Certification by accredited program, compliance with Code, or correct responses		<b>16</b>	IN OUT N/A N/O	Proper cooking time & temperatures	
					IN OUT N/A N/O		
<b>Potentially Hazardous Food Time/Temperature</b>							
<b>Employee Health</b>							
<b>2</b>	IN OUT	Management awareness; policy present		<b>18</b>	IN OUT N/A N/O	Proper cooling time & temperatures	
					IN OUT N/A N/O		
<b>3</b>	IN OUT	Proper use of reporting, restriction & exclusion		<b>20</b>	IN OUT N/A	Proper cold holding temperatures	
					IN OUT N/A N/O		
<b>Good Hygienic Practices</b>							
<b>4</b>	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		<b>22</b>	IN OUT N/A N/O	Time as public health control; proc & rec	
					IN OUT N/A N/O		
<b>Preventing Contamination by Hands</b>							
<b>6</b>	IN OUT N/O	Hands clean & properly washed		<b>23</b>	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
					IN OUT N/A N/O		
<b>7</b>	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		<b>24</b>	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
					IN OUT		
<b>Approved Sources</b>							
<b>9</b>	IN OUT	Food obtained from approved source		<b>25</b>	IN OUT N/A	Food additives: approved & properly used	
					IN OUT N/A N/O		
<b>10</b>	IN OUT N/A N/O	Food received at proper temperature		<b>26</b>	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
					IN OUT		
<b>11</b>	IN OUT	Food in good condition, safe & unadulterated		<b>27</b>	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
					IN OUT N/A N/O		
<b>Protection from contamination</b>							
<b>13</b>	IN OUT N/A	Food separated & protected		<b>15</b>	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	
					IN OUT N/A		

## GOOD RETAIL PRACTICES

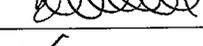
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.

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		
					Utensils, equip & linens: properly stored, dried & handled		
<b>29</b>	Water & ice from approved source			<b>42</b>	Single-use & single-service articles: properly stored & used		
					Gloves used properly		
<b>30</b>	Variance obtained for specialized processing methods			<b>43</b>	Gloves used properly		
<b>31</b>	X Proper cooling methods used; adequate equipment for temperature control	<b>45</b>	X Food & non-food contact surfaces cleanable, properly designed, constructed & used				
						<b>32</b>	Plant food properly cooked for hot holding
<b>33</b>	Approved thawing methods used	<b>47</b>	Non-food contact surfaces clean				
						<b>34</b>	Thermometers provided & accurate
<b>Food Identification</b>							
<b>35</b>	Food properly labeled; original container			<b>49</b>	Plumbing installed; proper backflow devices		
					<b>Prevention of Food Contamination</b>		
<b>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>50</b>	Sewage & waste water properly disposed		
					<b>37</b>		
<b>38</b>	Personal cleanliness	<b>52</b>	Garbage & refuse properly disposed; facilities maintained				
					<b>39</b>		X Wiping cloths: properly used & stored
<b>40</b>	Washing fruits & vegetables	<b>54</b>	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

