

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date 7/13/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration 7/21/2017
Establishment # McDonald's # 04498		Location 420 S Franklin St	
Permit/Holder Debra Thomas-Meyers Orlando		Phone 827-3542	
License / Permit #	Purpose of Inspection Routine Follow-up	Est Type FS RS	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				Consumer Advisory			
4	IN OUT N/O			23	IN OUT N/A		
Proper eating, tasting, drinking, or tobacco use				Highly Susceptible Populations			
5	IN OUT N/O			24	IN OUT N/A		
No discharge from eyes, nose, and mouth				Chemical			
Preventing Contamination by Hands				25	IN OUT N/A		
6	IN OUT N/O			26	IN OUT N/A		
Hands clean & properly washed				Conformance with Approved Procedures			
7	IN OUT N/A N/O			27	IN OUT N/A		
No bare hand contact with RTE foods or approved alternate method properly followed				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.			
8	IN OUT						
Adequate handwashing facilities supplied & accessible							
Approved Sources							
9	IN OUT						
Food obtained from approved source							
10	IN OUT N/A N/O						
Food received at proper temperature							
11	IN OUT						
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

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
28				41			
Pasteurized eggs used where required				Utensils, Equipment and Vending			
29				42			
Water & ice from approved source				Physical Facilities			
30				43			
Variance obtained for specialized processing methods				44			
Food Temperature Control				Physical Facilities			
31	<input checked="" type="checkbox"/>			45			
Proper cooling methods used; adequate equipment for temperature control				Physical Facilities			
32				46			
Plant food properly cooked for hot holding				Physical Facilities			
33				47			
Approved thawing methods used				Physical Facilities			
34				48			
Thermometers provided & accurate				Physical Facilities			
Food Identification				Physical Facilities			
35				49			
Food properly labeled; original container				Physical Facilities			
Prevention of Food Contamination				Physical Facilities			
36	<input checked="" type="checkbox"/>			50			
Insects, rodents & animals not present; no unauthorized persons				Physical Facilities			
37	<input checked="" type="checkbox"/>			51			
Contamination prevented during prep, storage & display				Physical Facilities			
38				52			
Personal cleanliness				Physical Facilities			
39				53			
Wiping cloths: properly used & stored				Physical Facilities			
40				54			
Washing fruits & vegetables				Physical Facilities			

Person in Charge (Signature) _____

Follow-up: YES NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED
 NEW
 RE-NEW
 RE-INSPECT

New Owner

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED <input checked="" type="radio"/> Yes <input type="radio"/> No	Date <u>7/13/17</u>
Establishment McDonald's	Address/City/State/Zip Code 420 S Franklin St	Phone -

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sausage	153				
WI cooler	39.9				
Rack-in	38.				
WI Freezer	-2				
FEC	9/2018				

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.
	Stopped at owners request regarding change of ownership for above facility.
31	Gasket on 4 door rack-in cooler is damaged and door is popped open when other doors are shut allowing refrigerant air loss.
36	Dead ant-like water TPOC on the floor at wall juncture behind the wash machine.
37	Heavy frozen condense build-up on both ends of overhead refrigeration unit in walk-in freezer.
	Approval to license
	Spoke with Buddy Ingersoll who stated he would review business license application, however with no changes to buildy inspection was not required prior to licensing

Person in Charge (Signature) <u>Daniel A. [Signature]</u>	Date: <u>7/13/17</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>7/13/17</u>