

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	7/26/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	
Establishment OCT Railroad		Location		Phone
License / Permit #	Permit/Holder	Purpose of Inspection Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/>	Est Type FS <input type="checkbox"/> RS <input checked="" type="checkbox"/>	Risk Category High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/>

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	Certification by accredited program, compliance with Code, or correct responses		16	IN OUT N/A N/O	Proper cooking time & temperatures	
				17	IN OUT N/A N/O	Proper reheating proc for hot holding	
Employee Health				18	IN OUT N/A N/O	Proper cooling time & temperatures	
2	IN OUT	Management awareness; policy present		19	IN OUT N/A N/O	Proper hot holding temperatures	
3	IN OUT	Proper use of reporting, restriction & exclusion		20	IN OUT N/A	Proper cold holding temperatures	
Good Hygienic Practices				21	IN OUT N/A N/O	Proper date marking & disposition	
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		22	IN OUT N/A N/O	Time as public health control; proc & rec	
5	IN OUT N/O	No discharge from eyes, nose, and mouth		Consumer Advisory			
Preventing Contamination by Hands				23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
6	IN OUT N/O	Hands clean & properly washed		Highly Susceptible Populations			
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
8	IN OUT	Adequate handwashing facilities supplied & accessible		Chemical			
Approved Sources				25	IN OUT N/A	Food additives: approved & properly used	
9	IN OUT	Food obtained from approved source		26	IN OUT N/A	Toxic substances properly identified, stored & used	
10	IN OUT N/A N/O	Food received at proper temperature		Conformance with Approved Procedures			
11	IN OUT	Food in good condition, safe & unadulterated		27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
12	IN OUT N/A N/O	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

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
28	Pasteurized eggs used where required			41	In-use utensils: properly stored		
29	Water & ice from approved source			42	Utensils, equip & linens: properly stored, dried & handled		
30	Variance obtained for specialized processing methods			43	Single-use & single-service articles: properly stored & used		
Food Temperature Control				44	Gloves used properly		
31	Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending			
32	Plant food properly cooled for hot holding			45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	Warewashing facilities: installed, maintained, used: test strips		
34	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification				Physical Facilities			
35	Food properly labeled; original container			48	Hot & cold water available; adequate pressure		
Prevention of Food Contamination				49	Plumbing installed; proper backflow devices		
36	Insects, rodents & animals not present; no unauthorized persons			50	Sewage & waste water properly disposed		
37	Contamination prevented during prep, storage & display			51	Toilet facilities: properly constructed, supplied & cleaned		
38	Personal cleanliness			52	Garbage & refuse properly disposed; facilities maintained		
39	Wiping cloths: properly used & stored			53	Physical facilities installed, maintained & clean		
40	Washing fruits & vegetables			54	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

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date <u>7/26/17</u>
Establishment _____	Address/City/State/Zip Code _____	Phone _____

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Dogs	39.9				

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 to verify internal probe temperature of HS Refrigerator. Temperature is as noted above. Daily monitoring of unit is being done.
31	Based upon monitoring records, which indicate probe temperatures above 41° F, it is still not clear that unit can be trusted to maintain food at proper temperatures for entire period of time.
	Approve to renew with reinspection fee

Person in Charge (Signature) <u>Joseph Mitchell</u>	Date: <u>7/26/17</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>7/26/17</u>