

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	1/17/17
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment <i>Sams Rest / Fox Pizza Den</i>		Location <i>425 E Central Ave</i>		Phone <i>827-3439</i>	
License/Permit #	Permit/Holder	Purpose of Inspection <i>DC-INSPE</i>	Est Type <i>RS</i>	Risk Category <i>High</i>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

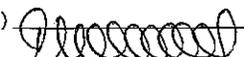
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

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

Inspector (Signature)  **APPROVED** **NEW** **RE-NEW** **RE-INSPECT**

FOOD ESTABLISHMENT INSPECTION REPORT

**CITY OF TITUSVILLE
DEPARTMENT OF HEALTH**

GREASE TRAP INSTALLED
_____ Y _____ N

Date 4/17/17

Establishment

Address/City/State/Zip Code

Phone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Brown Gravy	35.7	Walk-in			

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 regarding violations noted during previous inspection
All which have been correct at this time to include
improve housekeeping and cleaning

Approve license with re-inspection fee.

Person in Charge (Signature)

Thomas Jones

Date:

4/17/17

Inspector (Signature)

[Signature]

Date:

4/17/17