

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	9/5/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	8/25/2017
Establishment Save-A-Lot		Location 111 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	Proper cooking time & temperatures				
					17	IN	OUT	N/A	N/O	Proper reheating proc for hot holding				
Employee Health														
2	IN	OUT			18	IN	OUT	N/A	N/O	Proper cooling time & temperatures				
					19	IN	OUT	N/A	N/O	Proper hot holding temperatures				
3	IN	OUT			20	IN	OUT	N/A	N/O	Proper cold holding temperatures				
					21	IN	OUT	N/A	N/O	Proper date marking & disposition				
Good Hygienic Practices														
4	IN	OUT	N/O			22	IN	OUT	N/A	N/O	Time as public health control; proc & rec			
5	IN	OUT	N/O											
Preventing Contamination by Hands														
6	IN	OUT	N/O			23	IN	OUT	N/A	N/O	Consumer advisory provided for raw or undercooked foods			
7	IN	OUT	N/A	N/O			Highly Susceptible Populations							
8	IN	OUT				24	IN	OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered			
Approved Sources														
9	IN	OUT				25	IN	OUT	N/A	N/O	Food additives: approved & properly used			
10	IN	OUT	N/A	N/O			26	IN	OUT	N/A	N/O	Toxic substances properly identified, stored & used		
11	IN	OUT				Conformance with Approved Procedures								
12	IN	OUT	N/A	N/O			27	IN	OUT	N/A	N/O	Compliance with variance, specialized process, & HACCP plan		
Protection from contamination														
13	IN	OUT	N/A	N/O			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.							
14	IN	OUT	N/A	N/O										
15	IN	OUT												

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	IN	OUT			41	IN	OUT	N/A	N/O	In-use utensils: properly stored		
							42	IN	OUT	N/A	N/O	Utensils, equip & linens: properly stored, dried & handled
29	IN	OUT			43	IN	OUT	N/A	N/O	Single-use & single-service articles: properly stored & used		
							44	IN	OUT	N/A	N/O	Gloves used properly
30	IN	OUT	N/A	N/O			Utensils, Equipment and Vending					
31	IN	OUT			45	IN	OUT	N/A	N/O	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
							46	IN	OUT	N/A	N/O	Warewashing facilities: installed, maintained, used: test strips
32	IN	OUT			47	IN	OUT	N/A	N/O	Non-food contact surfaces clean		
33	IN	OUT			Physical Facilities							
34	IN	OUT			48	IN	OUT	N/A	N/O	Hot & cold water available; adequate pressure		
							49	IN	OUT	N/A	N/O	Plumbing installed; proper backflow devices
Food Identification												
35	IN	OUT			50	IN	OUT	N/A	N/O	Sewage & waste water properly disposed		
							51	IN	OUT	N/A	N/O	Toilet facilities: properly constructed, supplied & cleaned
Prevention of Food Contamination												
36	IN	OUT			52	IN	OUT	N/A	N/O	Garbage & refuse properly disposed; facilities maintained		
							53	IN	OUT	N/A	N/O	Physical facilities installed, maintained & clean
37	IN	OUT			54	IN	OUT	N/A	N/O	Adequate ventilator & lighting: designated areas used		
38	IN	OUT										
39	IN	OUT										
40	IN	OUT										

Person in Charge (Signature) _____

Follow-up: YES NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED

NEW

RE-NEW

RE-INSPECT

