

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations		Date <b>5/9/10</b>	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment <b>Scoops Ice Cream</b>		Location <b>113 S. BROWN ST.</b>		Phone <b>564-0804</b>	
License / Permit #	Permit/Holder <b>Titusville</b>	Purpose of Inspection <b>(Routine)</b> Follow-up	Est Type FS RS <b>PS</b>	Risk Category High <b>(Medium)</b> Low	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
**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>Potentially Hazardous Food Time/Temperature</b>					
				<b>16</b>	IN OUT N/A N/O	Proper cooking time & temperatures			
<b>Employee Health</b>				<b>17</b>	IN OUT N/A N/O	Proper reheating proc for hot holding			
<b>2</b>	IN OUT	Management awareness; policy present		<b>18</b>	IN OUT N/A N/O	Proper cooling time & temperatures			
<b>3</b>	IN OUT	Proper use of reporting, restriction & exclusion		<b>19</b>	IN OUT N/A N/O	Proper hot holding temperatures			
<b>Good Hygienic Practices</b>				<b>20</b>	IN OUT N/A	Proper cold holding temperatures			
<b>4</b>	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		<b>21</b>	IN OUT N/A N/O	Proper date marking & disposition			
<b>5</b>	IN OUT N/O	No discharge from eyes, nose, and mouth		<b>22</b>	IN OUT N/A N/O	Time as public health control; proc & rec			
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</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			
<b>7</b>	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		<b>Highly Susceptible Populations</b>					
<b>8</b>	IN <b>(OUT)</b>	Adequate handwashing facilities supplied & accessible		<b>24</b>	IN OUT N/A	Pasteurized foods used; prohibited foods not offered			
<b>Approved Sources</b>				<b>Chemical</b>					
<b>9</b>	IN OUT	Food obtained from approved source		<b>25</b>	IN OUT N/A	Food additives: approved & properly used			
<b>10</b>	IN OUT N/A N/O	Food received at proper temperature		<b>26</b>	IN OUT N/A	Toxic substances properly identified, stored & used			
<b>11</b>	IN OUT	Food in good condition, safe & unadulterated		<b>Conformance with Approved Procedures</b>					
<b>12</b>	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction		<b>27</b>	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan			
<b>Protection from contamination</b>				<b>Risk factors</b> 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.					
<b>13</b>	IN OUT N/A	Food separated & protected							
<b>14</b>	IN OUT N/A	Food-contact surfaces: cleaned & sanitized							
<b>15</b>	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
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
<b>28</b>		Pasteurized eggs used where required		<b>41</b>		In-use utensils: properly stored	
<b>29</b>		Water & ice from approved source		<b>42</b>		Utensils, equip & linens: properly stored, dried & handled	
<b>30</b>		Variance obtained for specialized processing methods		<b>43</b>		Single-use & single-service articles: properly stored & used	
<b>Food Temperature Control</b>				<b>44</b>		Gloves used properly	
<b>31</b>		Proper cooling methods used; adequate equipment for temperature control		<b>Utensils, Equipment and Vending</b>			
<b>32</b>		Plant food properly cooled for hot holding		<b>45</b>		Food & non-food contact surfaces cleanable, properly designed, constructed & used	
<b>33</b>		Approved thawing methods used		<b>46</b>		Warewashing facilities: installed, maintained, used: test strips	
<b>34</b>		Thermometers provided & accurate		<b>47</b>		Non-food contact surfaces clean	
<b>Food Identification</b>				<b>Physical Facilities</b>			
<b>35</b>		Food properly labeled; original container		<b>48</b>		Hot & cold water available; adequate pressure	
<b>Prevention of Food Contamination</b>				<b>49</b>	<b>X</b>	Plumbing installed; proper backflow devices	
<b>36</b>		Insects, rodents & animals not present; no unauthorized persons		<b>50</b>		Sewage & waste water properly disposed	
<b>37</b>		Contamination prevented during prep, storage & display		<b>51</b>	<b>X</b>	Toilet facilities: properly constructed, supplied & cleaned	
<b>38</b>		Personal cleanliness		<b>52</b>		Garbage & refuse properly disposed; facilities maintained	
<b>39</b>		Wiping cloths: properly used & stored		<b>53</b>		Physical facilities installed, maintained & clean	
<b>40</b>		Washing fruits & vegetables		<b>54</b>		Adequate ventilator & lighting: designated areas used	

Person in Charge (Signature) \_\_\_\_\_  
 Inspector (Signature) \_\_\_\_\_  
✓ **APPROVED** ✓ **NEW**

Follow-up: YES **(NO)** (Circle one)  
 Follow-up Date: \_\_\_\_\_  
\_\_\_\_\_ **RE-NEW** \_\_\_\_\_ **RE-INSPECT**

**FOOD ESTABLISHMENT INSPECTION REPORT**

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>	GREASE TRAP INSTALLED Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date <u>5/9/17</u>
Establishment _____	Address/City/State/Zip Code _____	Phone _____

**TEMPERATURE OBSERVATIONS**

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cooler	35				
Freezer	-5				
FEC		Rully Coetter	7/11/17		

**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.
8	Hand drying towels in a dispenser are not available at handwash sink.
40	Tow threaded racks are not provided with Backflow (Bib) protection devices.
51	Employee Restroom door which opens into prep areas is not equipped with a self closing device.
	Owner is completing plan application to be forwarded to Building Codes Enforcement Office.
	Owner states all of A502 will be completed prior to open.
	Approve lines
	Limit Menu.

Person in Charge (Signature) <u>Thomas Jones</u>	Date: <u>5/9/17</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>5/9/17</u>