

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations	2	Date	1/16/17
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	1/21/2017
Establishment <b>Subway</b>		Location <b>116 N Franklin St</b>		Phone <b>827-6015</b>	
License / Permit #	Permit/Holder <b>Menahem Thalkar</b>	Purpose of Inspection <u>Routine</u> Follow-up	Est Type FS RS <u>RS</u>	Risk Category <u>High</u> Medium Low	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

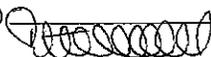
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R			
<b>Demonstration of Knowledge</b>										
<b>1</b>	IN <u>OUT</u>	Certification by accredited program, compliance with Code, or correct responses			<b>16</b>	IN OUT N/A N/O	Proper cooking time & temperatures			
					<b>17</b>	IN OUT N/A N/O	Proper reheating proc for hot holding			
<b>Potentially Hazardous Food Time/Temperature</b>										
<b>Employee Health</b>										
<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>4</b>	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			<b>20</b>	IN <u>OUT</u> N/A	Proper cold holding temperatures			
<b>5</b>	IN OUT N/O	No discharge from eyes, nose, and mouth			<b>21</b>	IN OUT N/A N/O	Proper date marking & disposition			
<b>Preventing Contamination by Hands</b>										
<b>6</b>	IN OUT N/O	Hands clean & properly washed			<b>22</b>	IN OUT N/A N/O	Time as public health control; proc & rec			
<b>Consumer Advisory</b>										
<b>7</b>	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			<b>23</b>	IN OUT N/A	Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>										
<b>8</b>	IN OUT	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>Conformance with Approved Procedures</b>										
<b>11</b>	IN OUT	Food in good condition, safe & unadulterated			<b>27</b>	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan			
<b>12</b>	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction			<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>Protection from contamination</b>										
<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

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R
<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>31</b>	Proper cooling methods used; adequate equipment for temperature control			<b>44</b>	Gloves used properly		
<b>Utensils, Equipment and Vending</b>							
<b>32</b>	Plant food properly cooked 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>	<input checked="" type="checkbox"/> Warewashing facilities: installed, maintained, used: test strips		
<b>34</b>	<input checked="" type="checkbox"/> 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>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>49</b>	Plumbing installed; proper backflow devices		
<b>37</b>	Contamination prevented during prep, storage & display			<b>50</b>	Sewage & waste water properly disposed		
<b>38</b>	Personal cleanliness			<b>51</b>	Toilet facilities: properly constructed, supplied & cleaned		
<b>39</b>	Wiping cloths: properly used & stored			<b>52</b>	Garbage & refuse properly disposed; facilities maintained		
<b>40</b>	Washing fruits & vegetables			<b>53</b>	Physical facilities installed, maintained & clean		
<b>40</b>				<b>54</b>	<input checked="" type="checkbox"/> Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature)   
 Inspector (Signature) \_\_\_\_\_

Follow-up:  YES  NO (Circle one)

Follow-up Date: \_\_\_\_\_

APPROVED

NEW

RE-NEW

RE-INSPECT

