

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations	Date	7/3/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	6/21/2017
Establishment <b>Titusville Hospital Snack Bar</b>		Location <b>406 W. Oak St.</b>		Phone <b>827-1851</b>
License / Permit #	Permit/Holder <i>Non-Profit</i>	Purpose of Inspection <input checked="" type="radio"/> Routine <input type="radio"/> Follow-up	Est Type FS <input checked="" type="radio"/> RS	Risk Category High <input checked="" type="radio"/> Medium <input type="radio"/> 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	OUT	N/A	N/O	<b>16</b>	IN	OUT	N/A	N/O	Proper cooking time & temperatures					
	Certification by accredited program, compliance with Code, or correct responses				<b>17</b>	IN	OUT	N/A	N/O	Proper reheating proc for hot holding					
<b>Employee Health</b>								<b>18</b>	IN	OUT	N/A	N/O	Proper cooling time & temperatures		
<b>2</b>	IN	OUT	Management awareness; policy present		<b>19</b>	IN	OUT	N/A	N/O	Proper hot holding temperatures					
<b>3</b>	IN	OUT	Proper use of reporting, restriction & exclusion		<b>20</b>	IN	OUT	N/A		Proper cold holding temperatures					
<b>Good Hygienic Practices</b>								<b>21</b>	IN	OUT	N/A	N/O	Proper date marking & disposition		
<b>4</b>	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use	<b>22</b>	IN	OUT	N/A	N/O	Time as public health control; proc & rec					
<b>5</b>	IN	OUT	N/O	No discharge from eyes, nose, and mouth											
<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	<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>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>				<b>41</b>			
	Pasteurized eggs used where required				In-use utensils: properly stored		
<b>29</b>				<b>42</b>			
	Water & ice from approved source				Utensils, equip & linens: properly stored, dried & handled		
<b>30</b>				<b>43</b>			
	Variance obtained for specialized processing methods				Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>				<b>44</b>			
	Proper cooling methods used; adequate equipment for temperature control				Gloves used properly		
<b>Food Identification</b>				<b>Utensils, Equipment and Vending</b>			
<b>31</b>				<b>45</b>			
	Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed & used		
<b>32</b>				<b>46</b>			
	Approved thawing methods used				Warewashing facilities: installed, maintained, used: test strips		
<b>33</b>				<b>47</b>			
	Thermometers provided & accurate				Non-food contact surfaces clean		
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>			
<b>34</b>				<b>48</b>			
	Food properly labeled; original container				Hot & cold water available; adequate pressure		
<b>35</b>				<b>49</b>			
	Insects, rodents & animals not present; no unauthorized persons				Plumbing installed; proper backflow devices		
<b>36</b>				<b>50</b>			
	Contamination prevented during prep, storage & display				Sewage & waste water properly disposed		
<b>37</b>				<b>51</b>			
	Personal cleanliness				Toilet facilities: properly constructed, supplied & cleaned		
<b>38</b>				<b>52</b>			
	Wiping cloths: properly used & stored				Garbage & refuse properly disposed; facilities maintained		
<b>39</b>				<b>53</b>			
	Washing fruits & vegetables				Physical facilities installed, maintained & clean		
<b>40</b>				<b>54</b>			
					Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature) *Carolyn Brew-RALPH*  
 Inspector (Signature) *[Signature]*

Follow-up: YES  NO  (Circle one)

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

**APPROVED**     
  **NEW**     
  **RE-NEW**     
  **RE-INSPECT**

