

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

| | | | | | |
|--|--------------------------------------|---|-----------------------------|----------------------------------|-----------|
| CITY OF TITUSVILLE DEPARTMENT OF HEALTH | | No. of Risk Factor/Interventions Violations | 1 | Date | 1/16/17 |
| | | No. of Repeat Risk Factor/Intervention/Violations | | Current Expiration | 1/21/2017 |
| Establishment VFW Post #5958 | | Location 206 St John St | | Phone - | |
| License / Permit # | Permit/Holder Douglas Howe | Purpose of Inspection Routine Follow-up | Est Type FS RS RS | 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 | | | | Potentially Hazardous Food Time/Temperature | | | |
| 1 | IN OUT | | | 16 | IN OUT N/A N/O | | |
| | | | | 17 | IN OUT N/A N/O | | |
| Employee Health | | | | Consumer Advisory | | | |
| 2 | IN OUT | | | 18 | IN OUT N/A N/O | | |
| 3 | IN OUT | | | 19 | IN OUT N/A N/O | | |
| Good Hygienic Practices | | | | Highly Susceptible Populations | | | |
| 4 | IN OUT N/O | | | 20 | IN OUT N/A | | |
| 5 | IN OUT N/O | | | 21 | IN OUT N/A N/O | | |
| Preventing Contamination by Hands | | | | Chemical | | | |
| 6 | IN OUT N/O | | | 22 | IN OUT N/A N/O | | |
| 7 | IN OUT N/A N/O | | | 23 | IN OUT N/A | | |
| 8 | IN OUT | | | 24 | IN OUT N/A | | |
| Approved Sources | | | | Conformance with Approved Procedures | | | |
| 9 | IN OUT | | | 25 | IN OUT N/A | | |
| 10 | IN OUT N/A N/O | | | 26 | IN OUT N/A | | |
| 11 | IN OUT | | | 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. | | | |
| 12 | IN OUT N/A N/O | | | | | | |
| 13 | IN OUT N/A | | | | | | |
| 14 | IN <u>OUT</u> N/A | | X | | | | |
| 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 | 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 | <u>X</u> 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 | <u>X</u> 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) _____
 Inspector (Signature) _____

Follow-up: YES NO (Circle one)
 Follow-up Date: _____

APPROVED
 NEW
 RE-NEW
 RE-INSPECT

