

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

|  |               |   |                             |   |  |
|--|---------------|---|-----------------------------|---|--|
| <b>CITY OF TITUSVILLE<br/>DEPARTMENT OF HEALTH</b> |               | No. of Risk Factor/Interventions Violations       |                             | Date <b>2/16/17</b>                     |  |
|  |               | No. of Repeat Risk Factor/Intervention/Violations |                             | Current Expiration <b>2/2/2017</b>      |  |
| Establishment<br><b>Golden Living</b>              |               | Location<br><b>81 Dillon Dr</b>                   |                             | Phone<br>-                              |  |
| License / Permit #                                 | Permit/Holder | Purpose of Inspection<br>Routine Follow-up        | Est Type<br>FS RS <b>ES</b> | Risk Category<br><b>High</b> 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>Potentially Hazardous Food Time/Temperature</b>  |                |     |   |
| <b>1</b>                                 | IN OUT            |     |   | <b>16</b>   | IN OUT N/A N/O |     |   |
|  |                   |     |   | <b>17</b>   | IN OUT N/A N/O |     |   |
| <b>Employee Health</b>                   |                   |     |   | <b>18</b>   | IN OUT N/A N/O |     |   |
| <b>2</b>                                 | IN OUT            |     |   | <b>19</b>   | IN OUT N/A N/O |     |   |
| <b>3</b>                                 | IN OUT            |     |   | <b>20</b>   | IN OUT N/A     |     |   |
| <b>Good Hygienic Practices</b>           |                   |     |   | <b>21</b>   | IN OUT N/A N/O |     |   |
| <b>4</b>                                 | IN OUT N/O        |     |   | <b>22</b>   | IN OUT N/A N/O |     |   |
| <b>5</b>                                 | IN OUT N/O        |     |   |   |                |     |   |
| <b>Preventing Contamination by Hands</b> |                   |     |   | <b>Consumer Advisory</b>  |                |     |   |
| <b>6</b>                                 | IN OUT N/O        |     |   | <b>23</b>   | IN OUT N/A     |     |   |
| <b>7</b>                                 | IN OUT N/A N/O    |     |   | <b>Highly Susceptible Populations</b>   |                |     |   |
| <b>8</b>                                 | IN OUT            |     |   | <b>24</b>   | IN OUT N/A     |     |   |
| <b>Approved Sources</b>                  |                   |     |   | <b>Chemical</b>   |                |     |   |
| <b>9</b>                                 | IN OUT            |     |   | <b>25</b>   | IN OUT N/A     |     |   |
| <b>10</b>                                | IN OUT N/A N/O    |     |   | <b>26</b>   | IN OUT N/A     |     |   |
| <b>11</b>                                | IN OUT            |     |   | <b>Conformance with Approved Procedures</b>   |                |     |   |
| <b>12</b>                                | IN OUT N/A N/O    |     |   | <b>27</b>   | IN OUT N/A     |     |   |
| <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 <u>OUT</u> N/A |     | X |   |                |     |   |
| <b>14</b>                                | IN OUT N/A        |     |   |   |                |     |   |
| <b>15</b>                                | 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

|   |  | COS | R |  |  | COS | R |
|---|--|-----|---|--|--|-----|---|
| <b>Safe Food and Water</b>              |  |     |   | <b>Proper Use of Utensils</b>          |  |     |   |
| <b>28</b>                               |  |     |   | <b>41</b>                              |  |     |   |
| <b>29</b>                               |  |     |   | <b>42</b>                              |  |     |   |
| <b>30</b>                               |  |     |   | <b>43</b>                              |  |     |   |
| <b>Food Temperature Control</b>         |  |     |   | <b>44</b>                              |  |     |   |
| <b>31</b>                               |  |     |   | <b>Utensils, Equipment and Vending</b> |  |     |   |
| <b>32</b>                               |  |     |   | <b>45</b>                              |  |     |   |
| <b>33</b>                               |  |     |   | <b>46</b>                              |  |     |   |
| <b>34</b>                               |  |     |   | <b>47</b>                              |  |     |   |
| <b>Food Identification</b>              |  |     |   | <b>Physical Facilities</b>             |  |     |   |
| <b>35</b>                               |  |     |   | <b>48</b>                              |  |     |   |
| <b>Prevention of Food Contamination</b> |  |     |   | <b>49</b>                              |  |     |   |
| <b>36</b>                               |  |     |   | <b>50</b>                              |  |     |   |
| <b>37</b>                               |  |     |   | <b>51</b>                              |  |     |   |
| <b>38</b>                               |  |     |   | <b>52</b>                              |  |     |   |
| <b>39</b>                               |  |     |   | <b>53</b>                              |  |     |   |
| <b>40</b>                               |  |     |   | <b>54</b>                              |  |     |   |

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

Follow-up: YES **NO** (Circle one)

Inspector (Signature) \_\_\_\_\_

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

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

