

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	2/16/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	
Establishment Moose Lodge # 84		Location 614 W Central Ave		Phone
License / Permit #	Permit/Holder	Purpose of Inspection Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/>	Est Type FS <input type="checkbox"/> RS <input type="checkbox"/> PS	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							
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses			16	IN OUT N/A N/O	Proper cooking time & temperatures
					17	IN OUT N/A N/O	Proper reheating proc for hot holding
Employee Health							
2	IN OUT	Management awareness; policy present			18	IN OUT N/A N/O	Proper cooling time & temperatures
3	IN OUT	Proper use of reporting, restriction & exclusion			19	IN OUT N/A N/O	Proper hot holding temperatures
Good Hygienic Practices							
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			20	IN OUT N/A	Proper cold holding temperatures
5	IN OUT N/O	No discharge from eyes, nose, and mouth			21	IN OUT N/A N/O	Proper date marking & disposition
Preventing Contamination by Hands							
6	IN OUT N/O	Hands clean & properly washed			22	IN OUT N/A N/O	Time as public health control; proc & rec
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			Consumer Advisory		
8	IN OUT	Adequate handwashing facilities supplied & accessible			23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods
Approved Sources							
9	IN OUT	Food obtained from approved source			Highly Susceptible Populations		
10	IN OUT N/A N/O	Food received at proper temperature			24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered
11	IN OUT	Food in good condition, safe & unadulterated			Chemical		
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction			25	IN OUT N/A	Food additives: approved & properly used
Protection from contamination							
13	IN OUT N/A	Food separated & protected			26	IN OUT N/A	Toxic substances properly identified, stored & used
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized			Conformance with Approved Procedures		
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan

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.

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							
31	Proper cooling methods used; adequate equipment for temperature control			44	Gloves used properly		
Utensils, Equipment and Vending							
32	Plant food properly cooled 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	Thermometers provided & accurate			47	Non-food contact surfaces clean		
Food Identification							
35	Food properly labeled; original container			Physical Facilities			
Prevention of Food Contamination							
36	Insects, rodents & animals not present; no unauthorized persons			48	Hot & cold water available; adequate pressure		
37	Contamination prevented during prep, storage & display			49	Plumbing installed; proper backflow devices		
38	Personal cleanliness			50	Sewage & waste water properly disposed		
39	Wiping cloths: properly used & stored			51	Toilet facilities: properly constructed, supplied & cleaned		
40	Washing fruits & vegetables			52	Garbage & refuse properly disposed; facilities maintained		
				53	Physical facilities installed, maintained & clean		
				54	Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature) _____

Follow-up: YES NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED
 NEW
 RE-NEW
 RE-INSPECT

FOOD ESTABLISHMENT INSPECTION REPORT

**CITY OF TITUSVILLE
DEPARTMENT OF HEALTH**

GREASE TRAP INSTALLED
Yes No

Date 2/16/17

Establishment

Address/City/State/Zip Code

Phone

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Soup	29°				
Taco/Meat	35°				

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.

Stopped regarding improper cooling of leftovers at the days end
note during last inspection.

At the time of this inspection proper cooling methods have been
Adopted and cooled ph's are all within temperature
requirement.

Approval to renew with re-inspection fee.

Person in Charge (Signature)

Susan Owen

Date:

2/16/17

Inspector (Signature)

[Signature]

Date:

2/16/17