

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	11/30/17
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	11/10/2017
Establishment Gionti's Catering		Location 208 Brook St		Phone 564-0649	
License / Permit #	Permit/Holder Joseph Gionti	Purpose of Inspection Routine Follow-up	Est Type FS 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 <u>OUT</u>			16	IN OUT N/A N/O		
Certification by accredited program, compliance with Code, or correct responses				17	IN OUT N/A N/O		
Employee Health				18	IN OUT N/A N/O		
2	IN OUT			19	IN OUT N/A N/O		
Management awareness; policy present				20	IN OUT N/A		
3	IN OUT			21	IN <u>OUT</u> N/A N/O		
Proper use of reporting, restriction & exclusion				22	IN OUT N/A N/O		
Good Hygienic Practices				Consumer Advisory			
4	IN OUT N/O			23	IN OUT N/A		
Proper eating, tasting, drinking, or tobacco use				Highly Susceptible Populations			
5	IN OUT N/O			24	IN OUT N/A		
No discharge from eyes, nose, and mouth				Chemical			
Preventing Contamination by Hands				25	IN OUT N/A		
6	IN OUT N/O			26	IN <u>OUT</u> N/A		
Hands clean & properly washed				Conformance with Approved Procedures			
7	IN OUT N/A N/O			27	IN OUT N/A		
No bare hand contact with RTE foods or approved alternate method properly followed				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.			
8	IN OUT						
Adequate handwashing facilities supplied & accessible							
Approved Sources							
9	IN OUT						
Food obtained from approved source							
10	IN OUT N/A N/O						
Food received at proper temperature							
11	IN OUT						
Food in good condition, safe & unadulterated							
Required records available: shelf stock tags, parasite destruction							
12	IN OUT N/A N/O						
Protection from contamination							
13	IN OUT N/A						
Food separated & protected							
14	IN OUT N/A						
Food-contact surfaces: cleaned & sanitized							
15	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
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	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	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) _____

Follow-up: YES NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED

NEW

RE-NEW

RE-INSPECT

