

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	12/21/17
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	
Establishment <i>Orr's Brewing Company</i>		Location <i>109 S. Franklin</i>		Phone <i>827-0000</i>
License / Permit #	Permit/Holder	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
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Demonstration of Knowledge			Potentially Hazardous Food Time/Temperature				
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			18	IN OUT N/A N/O	Proper cooling time & temperatures		
2	IN OUT	Management awareness; policy present	19	IN OUT N/A N/O	Proper hot holding temperatures		
3	IN OUT	Proper use of reporting, restriction & exclusion	20	IN OUT N/A	Proper cold holding temperatures		
Good Hygienic Practices			21	IN OUT N/A N/O	Proper date marking & disposition		
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	22	IN OUT N/A N/O	Time as public health control; proc & rec		
5	IN OUT N/O	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands			Consumer Advisory				
6	IN OUT N/O	Hands clean & properly washed	23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed	Highly Susceptible Populations				
8	IN OUT	Adequate handwashing facilities supplied & accessible	24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Approved Sources			Chemical				
9	IN OUT	Food obtained from approved source	25	IN OUT N/A	Food additives: approved & properly used		
10	IN OUT N/A N/O	Food received at proper temperature	26	IN OUT N/A	Toxic substances properly identified, stored & used		
11	IN OUT	Food in good condition, safe & unadulterated	Conformance with Approved Procedures				
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction	27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan		
Protection from contamination			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.				
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

	COS	R		COS	R
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Safe Food and Water			Proper Use of Utensils				
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 cooled for hot holding	45		Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33		Approved thawing methods used	46	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used: test strips		
34	<input checked="" type="checkbox"/>	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

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date <u>12/21/17</u>
Establishment _____	Address/City/State/Zip Code _____	Phone _____

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
38°	Ssd. Unit				

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.
34.	Stem type thermometer 0-220° F not available to monitor prod temp.
46	No chemical test strip, available to monitor sanitizer residue. Quaternary Ammonium
	Facility is a micro brewery with very little food preparation. All food must come from approved sources. Egypt is very hard to include panama grill & electric roaster.
	Pick-up life food finished what you pick up your line.
	Approved to leave

Person in Charge (Signature) <u>[Signature]</u>	Date: <u>12/21/17</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>12/21/17</u>