CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	No. of Risk Factor/Interventions Violations		**Date**
	No. of Repeat Risk Factor/Intervention/Violations		Current Expiration **1/17/2018**

Establishment	Location	Phone
Titusville Amer Legion Post #368	**113 E Central Ave**	

License / Permit #	Contact/Permit Holder	Purpose of Inspection	Est Type	Risk Category
	Brenda Strawbridge	Routine Follow-up	FS RS ____	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
	Demonstration of Knowledge			
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses		
	Employee Health			
2	IN OUT	Management awareness; policy present		
3	IN OUT	Proper use of reporting, restriction & exclusion		
	Good Hygienic Practices			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		
5	IN OUT N/O	No discharge from eyes, nose, and mouth		
	Preventing Contamination by Hands			
6	IN OUT N/O	Hands clean & properly washed		
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		
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		
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction		
	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		

	Compliance Status		COS	R
	Potentially Hazardous Food Time/Temperature			
16	IN OUT N/A N/O	Proper cooking time & temperatures		
17	IN OUT N/A N/O	Proper reheating proc for hot holding		
18	IN OUT N/A N/O	Proper cooling time & temperatures		
19	IN OUT N/A N/O	Proper hot holding temperatures		
20	IN OUT N/A	Proper cold holding temperatures		
21	IN OUT N/A N/O	Proper date marking & disposition		
22	IN OUT N/A N/O	Time as public health control; proc & rec		
	Consumer Advisory			
23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods		
	Highly Susceptible Populations			
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
	Chemical			
25	IN OUT N/A	Food additives: approved & properly used		
26	IN OUT N/A	Toxic substances properly identified, stored & used		
	Conformance with Approved Procedures			
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

			COS	R
	Safe Food and Water			
28		Pasteurized eggs used where required		
29		Water & ice from approved source		
30		Variance obtained for specialized processing methods		
	Food Temperature Control			
31		Proper cooling methods used; adequate equipment for temperature control		
32		Plant food properly cooed for hot holding		
33		Approved thawing methods used		
34	X	Thermometers provided & accurate		
	Food Identification			
35		Food properly labeled; original container		
	Prevention of Food Contamination			
36		Insects, rodents & animals not present; no unauthorized persons		
37	X	Contamination prevented during prep, storage & display	X	
38		Personal cleanliness		
39		Wiping cloths: properly used & stored		
40		Washing fruits & vegetables		

			COS	R
	Proper Use of Utensils			
41		In-use utensils: properly stored		
42		Utensils, equip & linens: properly stored, dried & handled		
43		Single-use& single-service articles: properly stored & used		
44		Gloves used properly		
	Utensils, Equipment and Vending			
45		Food & non-food contact surfaces cleanable, properly designed, constructed & used		
46		Warewashing facilities: installed, maintained, used: test strips		
47		Non-food contact surfaces clean		
	Physical Facilities			
48		Hot & cold water available; adequate pressure		
49		Plumbing installed; proper backflow devices		
50		Sewage & waste water properly disposed		
51		Toilet facilities: properly constructed, supplied & cleaned		
52		Garbage & refuse properly disposed; facilities maintained		
53	X	Physical facilities installed, maintained & clean		
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**

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date 1/15/18

Establishment	Address/City/State/Zip Code	Phone
Titusville American Legion Post #368	**113 E Central Ave**	

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach-in	32°F				
Freezer	-5°F				
FEC	Yes				

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.
23	Breakfast menu which includes eggs cooked to order does not contain a consumer advisory.
26	Food cells, (Sterno) stored on upper shelf in kitchen above dish towels by sink.
37	One unopen deli ham stored improperly in walk-in cooler corrected
53	One misplaced ceiling tile in kitchen prep area.
34	No stem type thermometer available to monitor internal product temp.

Person in Charge (Signature) Amy Shaw Date: 1-15-18

Inspector (Signature) [signature] Date: 1/15/18