

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	2/15/18
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	3/16/2018
Establishment Boonies Sports Bar		Location 122 Diamond St		Phone 814-827-2318
License / Permit #	Contact/Permit Holder Chad Covell	Purpose of Inspection <u>Routine</u> Follow-up	Est Type FS <u>RS</u>	Risk Category <u>High</u> 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			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							
2	IN OUT			18	IN OUT N/A N/O		
Management awareness; policy present				19	IN OUT N/A N/O		
3	IN OUT			20	IN OUT N/A		
Proper use of reporting, restriction & exclusion				21	IN <u>OUT</u> N/A N/O		
Good Hygienic Practices							
4	IN OUT N/O			22	IN OUT N/A 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			23	IN OUT N/A		
Hands clean & properly washed				Consumer Advisory			
7	IN OUT N/A N/O			Highly Susceptible Populations			
No bare hand contact with RTE foods or approved alternate method properly followed				24	IN OUT N/A		
8	IN OUT			Chemical			
Adequate handwashing facilities supplied & accessible				25	IN OUT N/A		
Approved Sources							
9	IN OUT			26	IN OUT N/A		
Food obtained from approved source				Conformance with Approved Procedures			
10	IN OUT N/A N/O			27	IN OUT N/A		
Food received at proper temperature				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.			
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							

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				41	In-use utensils: properly stored		
Pasteurized eggs used where required				42	Utensils, equip & linens: properly stored, dried & handled		
29				43	Single-use & single-service articles: properly stored & used		
Water & ice from approved source				44	Gloves used properly		
30				Utensils, Equipment and Vending			
Variance obtained for specialized processing methods				45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
Food Temperature Control							
31				46	Warewashing facilities: installed, maintained, used: test strips		
Proper cooling methods used; adequate equipment for temperature control				47	Non-food contact surfaces clean		
32				Physical Facilities			
Plant food properly cooled for hot holding				48	Hot & cold water available; adequate pressure		
33				49	Plumbing installed; proper backflow devices		
Approved thawing methods used				50	Sewage & waste water properly disposed		
34				51	Toilet facilities: properly constructed, supplied & cleaned		
Thermometers provided & accurate				52	Garbage & refuse properly disposed; facilities maintained		
Food Identification							
35				53	Physical facilities installed, maintained & clean		
Food properly labeled; original container				54	Adequate ventilator & lighting: designated areas used		
Prevention of Food Contamination							
36							
Insects, rodents & animals not present; no unauthorized persons							
37	X						
Contamination prevented during prep, storage & display							
38							
Personal cleanliness							
39							
Wiping cloths: properly used & stored							
40							
Washing fruits & vegetables							

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>2/15/18</u>
Establishment Boonies Sports Bar	Address/City/State/Zip Code 122 Diamond St	Phone 814-827-2318

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Wings	37°	Walk-in			
Chili	35°	" "			
Powder	37°	Refrigerator			
Chicken	0°	Freezer			
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.
21	Facility is not properly storing RTE foods in walk-in cooler or refrigerator. Received proper date coding
37	Ice used to cool cold plate in the bin is also being used for serving ice.
53	Two ceiling panels missing in freezer room emergency
	Facility is too bulky down from an early morning fire, however power has not been lost except for a smoke odor bulb has not been affected. No soot on surfaces, no smoke stained tiles etc
	Owner is not sure of this issue if he will open later in the day today

Person in Charge (Signature)	Date: <u>2/15/18</u>
Inspector (Signature)	Date: <u>2/15/18</u>