

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	3/2/2018
Establishment Funtime Investments, Inc. dba Diamond Lunch			Location 130 Diamond St		Phone 814-827-3500
License / Permit #	Contact/Permit Holder Dan Covell	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 OUT			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			19	IN OUT N/A N/O	Proper hot holding temperatures	
3	IN OUT			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			22	IN OUT N/A N/O	Time as public health control; proc & rec	
5	IN OUT N/O						
Preventing Contamination by Hands				Consumer Advisory			
6	IN OUT N/O			23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
7	IN OUT N/A N/O			Highly Susceptible Populations			
8	IN OUT			24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Approved Sources				Chemical			
9	IN OUT			25	IN OUT N/A	Food additives: approved & properly used	
10	IN OUT N/A N/O			26	IN OUT N/A	Toxic substances properly identified, stored & used	
11	IN OUT			Conformance with Approved Procedures			
12	IN OUT N/A N/O			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						
14	IN OUT N/A						
15	IN OUT						

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 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				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