CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	No. of Risk Factor/Interventions Violations		**Date** 5/17/18
	No. of Repeat Risk Factor/Intervention/Violations		Current Expiration **5/9/2018**

Establishment	Location	Phone
Scoop's	**113 S Brown St**	**814-827-3439**

License / Permit #	Contact/Permit Holder	Purpose of Inspection	Est Type	Risk Category
	Thomas Jones	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		Compliance Status		COS	R
	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	X			**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								
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							

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				COS	R
	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 cooed 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**

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date 5/17/18
Establishment **Scoop's**	Address/City/State/Zip Code **113 S Brown St**	Phone **814-827-3439**

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Reach-in	39				
Freezer	-3				
Mix	30				
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.
11	One open partial container of Pasteurized whole milk which owner states is used for milkshakes had an expired date of May 11. Disposed. (COS)
	Owner states that he has not yet been able to have required frozen dessert testing done. Advised him that he is responsible for such & gave him ph# for local HD.

Person in Charge (Signature) Thomas Jones Date: 5/17/18

Inspector (Signature) [illegible] Date: 5/17/18