

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations		Date <b>7/18/18</b>	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment <b>The Well at East Pt.</b>		Location		Phone	
License / Permit #	Contact/Permit Holder	Purpose of Inspection Routine <input type="checkbox"/> <b>Follow-up</b> <input checked="" type="checkbox"/>	Est Type FS <input type="checkbox"/> <b>RS</b> <input checked="" type="checkbox"/>	Risk Category High <input type="checkbox"/> <b>Medium</b> <input checked="" type="checkbox"/> Low <input type="checkbox"/>	

## 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
<b>Demonstration of Knowledge</b>				<b>Potentially Hazardous Food Time/Temperature</b>			
<b>1</b>	IN OUT			<b>16</b>	IN OUT N/A N/O		
Certification by accredited program, compliance with Code, or correct responses				<b>17</b>	IN OUT N/A N/O		
<b>Employee Health</b>				<b>18</b>	IN OUT N/A N/O		
<b>2</b>	IN OUT			<b>19</b>	IN OUT N/A N/O		
Management awareness; policy present				<b>20</b>	IN OUT N/A		
<b>3</b>	IN OUT			<b>21</b>	IN OUT N/A N/O		
Proper use of reporting, restriction & exclusion				<b>22</b>	IN OUT N/A N/O		
<b>Good Hygienic Practices</b>							
<b>4</b>	IN OUT N/O						
Proper eating, tasting, drinking, or tobacco use							
<b>5</b>	IN OUT N/O						
No discharge from eyes, nose, and mouth							
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>			
<b>6</b>	IN OUT N/O			<b>23</b>	IN OUT N/A		
Hands clean & properly washed				<b>Highly Susceptible Populations</b>			
<b>7</b>	IN OUT N/A N/O						
No bare hand contact with RTE foods or approved alternate method properly followed				<b>24</b>	IN OUT N/A		
<b>8</b>	IN OUT			<b>Chemical</b>			
Adequate handwashing facilities supplied & accessible				<b>25</b>	IN OUT N/A		
<b>Approved Sources</b>				<b>26</b>	IN OUT N/A		
<b>9</b>	IN OUT			<b>Conformance with Approved Procedures</b>			
Food obtained from approved source				<b>27</b>	IN OUT N/A		
<b>10</b>	IN OUT N/A N/O			<b>Risk factors</b> 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.			
Food received at proper temperature							
<b>11</b>	IN OUT						
Food in good condition, safe & unadulterated							
<b>12</b>	IN OUT N/A N/O						
Required records available: shelf stock tags, parasite destruction							
<b>Protection from contamination</b>							
<b>13</b>	IN OUT N/A						
Food separated & protected							
<b>14</b>	IN OUT N/A						
Food-contact surfaces: cleaned & sanitized							
<b>15</b>	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
<b>28</b>	Pasteurized eggs used where required			<b>41</b>	In-use utensils: properly stored		
<b>29</b>	Water & ice from approved source			<b>42</b>	Utensils, equip & linens: properly stored, dried & handled		
<b>30</b>	Variance obtained for specialized processing methods			<b>43</b>	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>				<b>44</b>	Gloves used properly		
<b>31</b>	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
<b>32</b>	Plant food properly cooked for hot holding			<b>45</b>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
<b>33</b>	Approved thawing methods used			<b>46</b>	Warewashing facilities: installed, maintained, used: test strips		
<b>34</b>	Thermometers provided & accurate			<b>47</b>	Non-food contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
<b>35</b>	Food properly labeled; original container			<b>48</b>	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				<b>49</b>	Plumbing installed; proper backflow devices		
<b>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>50</b>	Sewage & waste water properly disposed		
<b>37</b>	Contamination prevented during prep, storage & display			<b>51</b>	Toilet facilities: properly constructed, supplied & cleaned		
<b>38</b>	Personal cleanliness			<b>52</b>	Garbage & refuse properly disposed; facilities maintained		
<b>39</b>	Wiping cloths: properly used & stored			<b>53</b>	Physical facilities installed, maintained & clean		
<b>40</b>	Washing fruits & vegetables			<b>54</b>	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

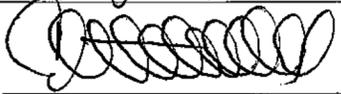
CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes      No	Date <u>7/18/18</u>
Establishment	Address/City/State/Zip Code	Phone

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

## 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.
	<p>Stopped regarding violations noted during previous inspection                      All which have been corrected at the time of                      this inspection.</p>
	<p>Front unscreened entrance to facility is open at time of                      inspection</p>
	<p>Approved to renew with re-inspection fee.</p>

Person in Charge (Signature) <u></u>	Date: _____
Inspector (Signature) <u></u>	Date: <u>7/18/18</u>