

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	10/18/18
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	8/16/2018
Establishment Farmhouse BBQ		Location 132 S MARTIN ST		Phone 827-4227
License / Permit #	Contact/Permit Holder	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							
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							
2	IN OUT	Management awareness; policy present		18	IN OUT N/A N/O	Proper cooling time & temperatures	
3	IN OUT	Proper use of reporting, restriction & exclusion		19	IN OUT N/A N/O	Proper hot holding temperatures	
Good Hygienic Practices							
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		20	IN OUT N/A	Proper cold holding temperatures	
5	IN OUT N/O	No discharge from eyes, nose, and mouth		21	IN OUT N/A N/O	Proper date marking & disposition	
Preventing Contamination by Hands							
6	IN OUT N/O	Hands clean & properly washed		22	IN OUT N/A N/O	Time as public health control; proc & rec	
Consumer Advisory							
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
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							
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		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		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.			
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	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							
31	Proper cooling methods used; adequate equipment for temperature control			44	Gloves used properly		
Utensils, Equipment and Vending							
32	X	Plant food properly cooked for hot holding		45	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
33	Approved thawing methods used			46	X	Warewashing facilities: installed, maintained, used: test strips	
34	Thermometers provided & accurate			47	X	Non-food contact surfaces clean	
Food Identification							
35	Food properly labeled; original container			Physical Facilities			
Prevention of Food Contamination							
36	X	Insects, rodents & animals not present; no unauthorized persons		48	Hot & cold water available; adequate pressure		
37	X	Contamination prevented during prep, storage & display		49	Plumbing installed; proper backflow devices		
38	Personal cleanliness			50	Sewage & waste water properly disposed		
39	Wiping cloths: properly used & stored			51	Toilet facilities: properly constructed, supplied & cleaned		
40	Washing fruits & vegetables			52	Garbage & refuse properly disposed; facilities maintained		
				53	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

