

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	11/7/18
		No. of Repeat Risk Factor/Intervention/Violations		Time In / Out	
Establishment Farmhouse BBQ		Location		Phone	
License/Permit #	Permit/Holder	Purpose of Inspection Re-inspection	Est Type RS	Risk Category High	

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			
Employee Health						17	IN OUT N/A N/O	Proper reheating proc for hot holding			
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						20	IN OUT N/A	Proper cold holding temperatures			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use				21	IN OUT N/A N/O	Proper date marking & disposition			
5	IN OUT N/O	No discharge from eyes, nose, and mouth				22	IN OUT N/A N/O	Time as public health control; proc & rec			
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				Conformance with Approved Procedures					
12	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction				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	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		Safe Food and Water		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	X	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) _____ Date: _____ 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
_____ Y _____ N

Date

~~11/17/18~~
11/7/19

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.
	Stopper regarding violations noted during previous inspection.
	The corrections have been made with the following
	exceptions:
36	Approximately 50 fresh rodent droppings scattered on the floor in the rear storage area around the water heater and in the cubby hole behind the dishwasher.
	Holes have been plugged, traps set and owner states droppings cleaned up daily. She states she was not at the restaurant Monday or Tuesday.
	2nd Re-visit to be conducted in 2-3 weeks.

Person in Charge (Signature) Date: 11/7/18

Inspector (Signature) Date: 11/7/18