

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations	<b>Date</b>	12/13/18
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	12/21/2018
Establishment <b>Orr's Brewing Co.</b>		Location <b>109 S Franklin St</b>		Phone <b>758-4449</b>
License / Permit #	Contact/Permit Holder <b>Adam Orr</b>	Purpose of Inspection Routine <input checked="" type="radio"/> Follow-up <input type="radio"/>	Est Type FS <input type="radio"/> <b>RS</b> <input checked="" type="radio"/>	Risk Category High <input type="radio"/> Medium <input type="radio"/> <b>Low</b> <input checked="" type="radio"/>

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

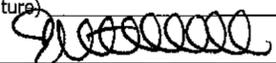
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
**IN** = in compliance   **OUT** = not in compliance   **N/O** = not observed   **N/A** = not applicable   **COS** = corrected on-site during inspection   **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Demonstration of Knowledge</b>							
<b>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>2</b>	IN OUT			<b>18</b>	IN OUT N/A N/O		
Management awareness; policy present				<b>19</b>	IN OUT N/A N/O		
<b>3</b>	IN OUT			<b>20</b>	IN OUT N/A		
Proper use of reporting, restriction & exclusion				<b>21</b>	IN OUT N/A N/O		
<b>Good Hygienic Practices</b>							
<b>4</b>	IN OUT N/O			<b>22</b>	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco use				<b>Consumer Advisory</b>			
<b>5</b>	IN OUT N/O						
No discharge from eyes, nose, and mouth				<b>Highly Susceptible Populations</b>			
<b>Preventing Contamination by Hands</b>							
<b>6</b>	IN OUT N/O			<b>23</b>	IN OUT N/A		
Hands clean & properly washed				<b>Chemical</b>			
<b>7</b>	IN OUT N/A N/O						
No bare hand contact with RTE foods or approved alternate method properly followed				<b>25</b>	IN OUT N/A		
<b>8</b>	IN OUT			<b>26</b>	IN OUT N/A		
Adequate handwashing facilities supplied & accessible				<b>Conformance with Approved Procedures</b>			
<b>Approved Sources</b>							
<b>9</b>	IN OUT			<b>27</b>	IN OUT N/A		
Food obtained from approved source				<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.			
<b>10</b>	IN OUT N/A N/O						
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>31</b>	Proper cooling methods used; adequate equipment for temperature control			<b>44</b>	Gloves used properly		
<b>Food Identification</b>							
<b>32</b>	Plant food properly cooled for hot holding			<b>Utensils, Equipment and Vending</b>			
<b>33</b>	Approved thawing methods used						
<b>34</b>	Thermometers provided & accurate			<b>45</b>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
<b>Prevention of Food Contamination</b>							
<b>35</b>	Food properly labeled; original container			<b>46</b>	Warewashing facilities: installed, maintained, used: test strips		
Insects, rodents & animals not present; no unauthorized persons				<b>47</b>	Non-food contact surfaces clean		
		<b>36</b>		<b>48</b>	Hot & cold water available; adequate pressure		
<b>37</b>	Contamination prevented during prep, storage & display			<b>49</b>	Plumbing installed; proper backflow devices		
<b>38</b>	Personal cleanliness			<b>50</b>	Sewage & waste water properly disposed		
<b>39</b>	Wiping cloths: properly used & stored			<b>51</b>	Toilet facilities: properly constructed, supplied & cleaned		
<b>40</b>	Washing fruits & vegetables			<b>52</b>	Garbage & refuse properly disposed; facilities maintained		
				<b>53</b>	Physical facilities installed, maintained & clean		
				<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**

