

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date	1/24/19
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration	1/15/2019
Establishment Bunyan's		Location 144 Diamond St		Phone
License / Permit #	Contact/Permit Holder Ralph Nichols	Purpose of Inspection Routine <input checked="" type="radio"/> Follow-up <input type="radio"/>	Est Type FS <input type="radio"/> RS <input checked="" type="radio"/>	Risk Category High <input type="radio"/> Medium <input checked="" type="radio"/> Low <input 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				
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		
					IN	OUT	N/A	N/O			
Employee Health											
2	IN OUT	Management awareness; policy present		17	IN	OUT	N/A	N/O	Proper reheating proc for hot holding		
					IN	OUT	N/A	N/O			
3	IN OUT	Proper use of reporting, restriction & exclusion		18	IN	OUT	N/A	N/O	Proper cooling time & temperatures		
					IN	OUT	N/A	N/O			
Good Hygienic Practices											
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		19	IN	OUT	N/A	N/O	Proper hot holding temperatures		
					IN	OUT	N/A	N/O			
5	IN OUT N/O	No discharge from eyes, nose, and mouth		20	IN	OUT	N/A	N/O	Proper cold holding temperatures		
					IN	OUT	N/A	N/O			
Preventing Contamination by Hands											
6	IN OUT N/O	Hands clean & properly washed		21	IN	OUT	N/A	N/O	Proper date marking & disposition		
					IN	OUT	N/A	N/O			
Consumer Advisory											
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		22	IN	OUT	N/A	N/O	Time as public health control; proc & rec		
					IN	OUT	N/A	N/O			
Highly Susceptible Populations											
8	IN OUT	Adequate handwashing facilities supplied & accessible		23	IN	OUT	N/A	N/O	Consumer advisory provided for raw or undercooked foods		
					IN	OUT	N/A	N/O			
Approved Sources											
9	IN OUT	Food obtained from approved source		24	IN	OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered		
					IN	OUT	N/A	N/O			
Chemical											
10	IN OUT N/A N/O	Food received at proper temperature		25	IN	OUT	N/A	N/O	Food additives: approved & properly used		
					IN	OUT	N/A	N/O			
11	IN OUT	Food in good condition, safe & unadulterated		26	IN	OUT	N/A	N/O	Toxic substances properly identified, stored & used		
					IN	OUT	N/A	N/O			
Conformance with Approved Procedures											
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction		27	IN	OUT	N/A	N/O	Compliance with variance, specialized process, & HACCP plan		
					IN	OUT	N/A	N/O			
Protection from contamination											
13	IN OUT N/A	Food separated & protected		28	IN	OUT	N/A	N/O	Proper cooking time & temperatures		
					IN	OUT	N/A	N/O			
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized		29	IN	OUT	N/A	N/O	Proper reheating proc for hot holding		
					IN	OUT	N/A	N/O			
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		30	IN	OUT	N/A	N/O	Proper cold holding temperatures		
					IN	OUT	N/A	N/O			

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.

Safe Food and Water		COS	R	Proper Use of Utensils		COS	R				
28	Pasteurized eggs used where required			41	IN	OUT	N/A	N/O	In-use utensils: properly stored		
					IN	OUT	N/A	N/O			
29	Water & ice from approved source			42	IN	OUT	N/A	N/O	Utensils, equip & linens: properly stored, dried & handled		
					IN	OUT	N/A	N/O			
30	Variance obtained for specialized processing methods			43	IN	OUT	N/A	N/O	Single-use & single-service articles: properly stored & used		
					IN	OUT	N/A	N/O			
Food Temperature Control											
31	Proper cooling methods used; adequate equipment for temperature control			44	IN	OUT	N/A	N/O	Gloves used properly		
					IN	OUT	N/A	N/O			
Utensils, Equipment and Vending											
32	Plant food properly cooked for hot holding			45	IN	OUT	N/A	N/O	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
					IN	OUT	N/A	N/O			
33	Approved thawing methods used			46	IN	OUT	N/A	N/O	Warewashing facilities: installed, maintained, used: test strips		
					IN	OUT	N/A	N/O			
34	Thermometers provided & accurate			47	IN	OUT	N/A	N/O	Non-food contact surfaces clean		
					IN	OUT	N/A	N/O			
Food Identification											
35	Food properly labeled; original container			48	IN	OUT	N/A	N/O	Hot & cold water available; adequate pressure		
					IN	OUT	N/A	N/O			
Prevention of Food Contamination											
36	Insects, rodents & animals not present; no unauthorized persons			49	IN	OUT	N/A	N/O	Plumbing installed; proper backflow devices		
					IN	OUT	N/A	N/O			
37	Contamination prevented during prep, storage & display			50	IN	OUT	N/A	N/O	Sewage & waste water properly disposed		
					IN	OUT	N/A	N/O			
38	Personal cleanliness			51	IN	OUT	N/A	N/O	Toilet facilities: properly constructed, supplied & cleaned		
					IN	OUT	N/A	N/O			
39	Wiping cloths: properly used & stored			52	IN	OUT	N/A	N/O	Garbage & refuse properly disposed; facilities maintained		
					IN	OUT	N/A	N/O			
40	Washing fruits & vegetables			53	IN	OUT	N/A	N/O	Physical facilities installed, maintained & clean		
					IN	OUT	N/A	N/O			
40	Washing fruits & vegetables			54	IN	OUT	N/A	N/O	Adequate ventilator & lighting: designated areas used		
					IN	OUT	N/A	N/O			

Person in Charge (Signature) _____ Follow-up: YES **NO** (Circle one)

Inspector (Signature) _____ Follow-up Date: _____

APPROVED NEW RE-NEW RE-INSPECT

