

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	5/30/19
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment <i>Chris Chinn Wood Buffet</i>		Location		Phone	
License / Permit #	Contact/Permit Holder	Purpose of Inspection Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/>	Est Type FS <input type="checkbox"/> RS <input checked="" type="checkbox"/>	Risk Category High <input checked="" type="checkbox"/> Medium <input 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
Demonstration of Knowledge				Potentially Hazardous Food Time/Temperature			
1	IN OUT			16	IN OUT N/A N/O		
	Certification by accredited program, compliance with Code, or correct responses			17	IN OUT N/A N/O		
Employee Health				18	IN OUT N/A N/O		
2	IN OUT			19	IN OUT N/A N/O		
Management awareness; policy present				20	IN OUT N/A		
3	IN OUT			21	IN OUT N/A N/O		
Proper use of reporting, restriction & exclusion				22	IN OUT N/A N/O		
Good Hygienic Practices							
4	IN OUT N/O			Consumer Advisory			
Proper eating, tasting, drinking, or tobacco use							
5	IN OUT N/O			Highly Susceptible Populations			
No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands				23	IN OUT N/A		
6	IN OUT N/O			Chemical			
Hands clean & properly washed							
7	IN OUT N/A N/O			25	IN OUT N/A		
No bare hand contact with RTE foods or approved alternate method properly followed				26	IN OUT N/A		
8	IN OUT			Conformance with Approved Procedures			
Adequate handwashing facilities supplied & accessible							
Approved Sources				27	IN OUT N/A		
9	IN OUT			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.			
Food obtained from approved source							
10	IN OUT N/A N/O			Protection from contamination			
Food received at proper temperature							
11	IN OUT						
Food in good condition, safe & unadulterated				Safe Food and Water			
12	IN OUT N/A N/O						
Required records available: shelf stock tags, parasite destruction							
13	IN OUT N/A			Proper Use of Utensils			
Food separated & protected							
14	IN OUT N/A						
Food-contact surfaces: cleaned & sanitized				41	In-use utensils: properly stored		
15	IN OUT			42	Utensils, equip & linens: properly stored, dried & handled		
Proper disposition of returned, previously served, reconditioned & unsafe food				43	Single-use & single-service articles: properly stored & used		
GOOD RETAIL PRACTICES				44	Gloves used properly		
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.							
				COS	R		
				COS	R		
28		Pasteurized eggs used where required		Utensils, Equipment and Vending			
29		Water & ice from approved source					
30		Variance obtained for specialized processing methods					
Food Temperature Control				45	Physical Facilities		
31		Proper cooling methods used; adequate equipment for temperature control					
32		Plant food properly cooled for hot holding					
33		Approved thawing methods used		48	Prevention of Food Contamination		
34		Thermometers provided & accurate					
35		Food properly labeled; original container		49	Food Identification		
36		Insects, rodents & animals not present; no unauthorized persons					
37		Contamination prevented during prep, storage & display		50	Food Identification		
38		Personal cleanliness					
39		Wiping cloths: properly used & stored		51	Physical Facilities		
40		Washing fruits & vegetables					
				52	Physical Facilities		
				53			
				54	Physical Facilities		

Person in Charge (Signature) *[Signature]*
 Inspector (Signature) *[Signature]*

Follow-up: YES **NO** (Circle one)

Follow-up Date: _____

APPROVED **NEW** **RE-NEW** **RE-INSPECT**

