

# 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>	8/15/19
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment <b>McDonald's # 04498</b>		Location <b>4205 Franklin St</b>		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								
<b>Demonstration of Knowledge</b>															
<b>1</b>	IN	OUT			<b>16</b>	IN	OUT	N/A	N/O	Proper cooking time & temperatures					
					<b>17</b>	IN	OUT	N/A	N/O	Proper reheating proc for hot holding					
<b>Employee Health</b>								<b>18</b>	IN	OUT	N/A	N/O	Proper cooling time & temperatures		
<b>2</b>	IN	OUT			<b>19</b>	IN	OUT	N/A	N/O	Proper hot holding temperatures					
<b>3</b>	IN	OUT			<b>20</b>	IN	OUT	N/A	N/O	Proper cold holding temperatures					
<b>Good Hygienic Practices</b>								<b>21</b>	IN	OUT	N/A	N/O	Proper date marking & disposition		
<b>4</b>	IN	OUT	N/O	Proper eating, tasting, drinking, or tobacco use	<b>22</b>	IN	OUT	N/A	N/O	Time as public health control; proc & rec					
<b>5</b>	IN	OUT	N/O	No discharge from eyes, nose, and mouth											
<b>Preventing Contamination by Hands</b>								<b>Consumer Advisory</b>							
<b>6</b>	IN	OUT	N/O	Hands clean & properly washed	<b>23</b>	IN	OUT	N/A	N/O	Consumer advisory provided for raw or undercooked foods					
<b>7</b>	IN	OUT	N/A	N/O	<b>Highly Susceptible Populations</b>										
<b>8</b>	IN	OUT		Adequate handwashing facilities supplied & accessible	<b>24</b>	IN	OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered					
<b>Approved Sources</b>								<b>Chemical</b>							
<b>9</b>	IN	OUT		Food obtained from approved source	<b>25</b>	IN	OUT	N/A	N/O	Food additives: approved & properly used					
<b>10</b>	IN	OUT	N/A	N/O	<b>26</b>	IN	OUT	N/A	N/O	Toxic substances properly identified, stored & used					
<b>11</b>	IN	OUT		Food in good condition, safe & unadulterated	<b>Conformance with Approved Procedures</b>										
<b>12</b>	IN	OUT	N/A	N/O	<b>27</b>	IN	OUT	N/A	N/O	Compliance with variance, specialized process, & HACCP plan					
<b>Protection from contamination</b>								<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>13</b>	IN	OUT	N/A	N/O	Food separated & protected										
<b>14</b>	IN	OUT	N/A	N/O	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	X	
<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>44</b>	Gloves used properly		
<b>31</b>	Proper cooling methods used; adequate equipment for temperature control			<b>Utensils, Equipment and Vending</b>			
<b>32</b>	Plant food properly cooled for hot holding			<b>45</b>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
<b>33</b>	Approved thawing methods used			<b>46</b>	Warewashing facilities: installed, maintained, used: test strips		
<b>34</b>	Thermometers provided & accurate			<b>47</b>	Non-food contact surfaces clean		
<b>Food Identification</b>				<b>Physical Facilities</b>			
<b>35</b>	Food properly labeled; original container			<b>48</b>	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>				<b>49</b>	Plumbing installed; proper backflow devices		
<b>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>50</b>	Sewage & waste water properly disposed		
<b>37</b>	Contamination prevented during prep, storage & display			<b>51</b>	Toilet facilities: properly constructed, supplied & cleaned		
<b>38</b>	Personal cleanliness			<b>52</b>	Garbage & refuse properly disposed; facilities maintained		
<b>39</b>	Wiping cloths: properly used & stored			<b>53</b>	Physical facilities installed, maintained & clean		
<b>40</b>	Washing fruits & vegetables			<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**

