

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	10/10/19
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	
Establishment	Location	Phone			
Maria	111 W. Springs St.	827-8800			
License / Permit #	Contact/Permit Holder	Purpose of Inspection	Est Type	Risk Category	
		(Routine) Follow-up	FS RS	(High) Medium Low	

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		
					17	IN	OUT	N/A	N/O	Proper reheating proc for hot holding		
Employee Health												
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												
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use			20	IN	OUT	N/A		Proper cold holding temperatures		
5	IN OUT N/O	No discharge from eyes, nose, and mouth			21	IN	OUT	N/A	N/O	Proper date marking & disposition		
Preventing Contamination by Hands												
6	IN OUT N/O	Hands clean & properly washed			22	IN	OUT	N/A	N/O	Time as public health control; proc & rec		
Consumer Advisory												
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed			23	IN	OUT	N/A		Consumer advisory provided for raw or undercooked foods		
Approved Sources												
9	IN OUT	Food obtained from approved source			Highly Susceptible Populations							
10	IN OUT N/A N/O	Food received at proper temperature			24	IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered		
11	IN OUT	Food in good condition, safe & unadulterated			Chemical							
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction			25	IN	OUT	N/A		Food additives: approved & properly used		
Protection from contamination												
13	IN OUT N/A	Food separated & protected			26	IN	OUT	N/A		Toxic substances properly identified, stored & used		
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized			Conformance with Approved Procedures							
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food			27	IN	OUT	N/A		Compliance with variance, specialized process, & HACCP plan		

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-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 cooked 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	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) _____

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

Inspector (Signature) _____

Follow-up Date: _____

✓ APPROVED

✓ NEW

RE-NEW

RE-INSPECT

