

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	1	Date	11/6/19
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration	11/7/2019
Establishment Gionti's Catering		Location 208 Brook St		Phone 564-0649	
License / Permit #	Contact/Permit Holder Joseph Gionti	Purpose of Inspection Routine <input checked="" type="checkbox"/> Follow-up <input 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		
				17	IN OUT N/A N/O		
Employee Health				Highly Susceptible Populations			
2	IN OUT			18	IN OUT N/A N/O		
3	IN OUT			19	IN OUT N/A N/O		
Good Hygienic Practices				Consumer Advisory			
4	IN OUT N/O			20	IN OUT N/A		
5	IN OUT N/O			21	IN OUT N/A N/O		
Preventing Contamination by Hands				Chemical			
6	IN OUT N/O			22	IN OUT N/A N/O		
7	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/>		X	23	IN OUT N/A		
8	IN OUT			Conformance with Approved Procedures			
Approved Sources				24	IN OUT N/A		
9	IN OUT			25	IN OUT N/A		
10	IN OUT N/A N/O			26	IN OUT N/A		
11	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.			
12	IN OUT N/A N/O						
Protection from contamination							
13	IN OUT N/A						
14	IN OUT N/A			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			
15	IN OUT						

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 cooled 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	<input checked="" type="checkbox"/> 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) *Joseph Gionti* Follow-up: YES NO (Circle one)

Inspector (Signature) *[Signature]* Follow-up Date: _____

APPROVED NEW RE-NEW RE-INSPECT

