

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations	Date 12/17/19
		No. of Repeat Risk Factor/Intervention/Violations	Current Expiration
Establishment Sami's Pub / Fox Pizzeria		Location	
License / Permit #	Contact/Permit Holder	Purpose of Inspection Routine Follow-up	Est Type FS RS
		Risk Category 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
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			16	IN OUT N/A N/O		
Employee Health				Potentially Hazardous Food Time/Temperature			
				17	IN OUT N/A N/O		
2	IN OUT			18	IN OUT N/A N/O		
3	IN OUT			19	IN OUT N/A N/O		
Good Hygienic Practices				20	IN OUT N/A		
4	IN OUT N/O			21	IN OUT N/A N/O		
5	IN OUT N/O			22	IN OUT N/A N/O		
Preventing Contamination by Hands				Consumer Advisory			
6	IN OUT N/O			23	IN OUT N/A		
7	IN OUT N/A N/O			Highly Susceptible Populations			
8	IN OUT			24	IN OUT N/A		
Approved Sources				Chemical			
9	IN OUT			25	IN OUT N/A		
10	IN OUT N/A N/O			26	IN OUT N/A		
11	IN OUT			Conformance with Approved Procedures			
12	IN OUT N/A N/O			27	IN OUT N/A		
Protection from contamination				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.			
13	IN OUT N/A						
14	IN OUT N/A						
15	IN OUT						

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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Physical facilities installed, maintained & clean		
40	Washing fruits & vegetables			54	<input checked="" type="checkbox"/> 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**

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date <u>12/17/19</u>
Establishment _____	Address/City/State/Zip Code _____	Phone _____

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cold Show	41°	Salad Bar			
Beans	168°	Salad Bar			
Breads	35°	Walk-in			
Pies	38°	Dessert Case			
Appleauce	38°	Sandwich Prep			
Pepperoni	37°	Pizza Prep table			
Gravy	163°	Hot Hold			
FEC	Yes				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
37	Two containers of meat loaf stored directly on the floor in the walk-in cooler.
41	Ingredient encasement measuring containers stored within floor bins at stove side.
47	Heavy grease and food residue accumulation on grill line table tops and wall and floor beneath all booths.
47	Dried splattered food residue on microwave oven interior.
53	Accumulation of food residue on the slicer table and the wall and floor beneath all booths.
53	Dental mold forming on overhead refrigeration unit in walk-in cooler. Grease and dust accumulation on exhaust louvers of pizza oven.
54	Crack tiles surrounding burner gas stove have smoky grey grease buildup appearing from lack of ventilation of grease laden vapors.
54	Extremely heavy grease and dust build-up on grill line exhaust hood to the point that grease is dripping off the front of the hood.
	As noted above situation at housekeeping requires increased attention.

Person in Charge (Signature) <u>Thomas Jones</u>	Date: <u>12/17/19</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>12/17/19</u>