

America's Legion  
Post 368

113 E Central Ave.

**RETAIL FOOD FACILITY INSPECTION REPORT**

|   |         |   |                        |
|---|---------|---|------------------------|
| CITY OF TITUSVILLE<br>107 NORTH FRANKLIN STREET<br>TITUSVILLE, PA 16354 |         | # Risk Factor Violations  | Date                   |
|   |         | # Repeat Risk Factor Violations                                   | Time In                |
|   |         | Overall Compliance Status   | Time Out               |
| Food Facility   | Address | City/State  | Zip                    |
| Registration #  | Owner   | Purpose of Inspection (circle one)<br>Routine Follow Up Complaint | License Type<br>Retail |
|   |         | Phone #   | Risk Category          |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Risk factors are important 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.

CIRCLE ONE: IN = in compliance, OUT = not in compliance, N/O = not observed, N/A = not applicable.  
IN, OUT, N/A, N/O

C = corrected on site, R = repeated

| Demonstration of Knowledge        |                |   | C | R |
|-----------------------------------|----------------|---|---|---|
| 1                                 | IN OUT         | Person in Charge present, demonstrates knowledge, & performs duties                       |   |   |
| Employee Health                   |                |   | C | R |
| 2                                 | IN OUT N/O     | Management, food employee & conditional employee; knowledge, responsibilities & reporting |   |   |
| 3                                 | IN OUT         | Proper use of reporting; restriction & exclusion  |   |   |
| 4                                 | IN OUT N/A N/O | Procedures for responding to vomiting & diarrheal events                                  |   | X |
| Good Hygienic Practices           |                |   | C | R |
| 5                                 | IN OUT N/O     | Proper eating, tasting, drinking or tobacco use   |   |   |
| 6                                 | IN OUT N/O     | No discharge from eyes, nose & mouth  |   |   |
| Preventing Contamination by Hands |                |   | C | R |
| 7                                 | IN OUT N/O     | Hands clean & properly washed   |   |   |
| 8                                 | IN OUT N/A N/O | No bare hand contact with RTE foods or pre-approved alternate method properly followed    |   |   |
| 9                                 | IN OUT         | Adequate handwashing sinks properly supplied and accessible                               |   |   |
| Approved Source                   |                |   | C | R |
| 10                                | IN OUT         | Food obtained from approved source  |   |   |
| 11                                | IN OUT N/A N/O | Food received at proper temperature   |   |   |
| 12                                | IN OUT         | Food in good condition, safe & unadulterated  |   |   |
| 13                                | IN OUT N/A N/O | Required records available; shellstock tags, parasite                                     |   |   |

| Protection from Contamination           |                |  | C | R |
|---|----------------|--|---|---|
| 14                                      | IN OUT N/A     | Food separated & protected   |   |   |
| 15                                      | IN OUT N/A     | Food contact surfaces: cleaned & sanitized                                     |   |   |
| 16                                      | IN OUT         | Proper disposition of returned, previously served, reconditioned & unsafe food |   |   |
| Time/Temperature Control for Safety     |                |  | C | R |
| 17                                      | IN OUT N/A N/O | Proper cooking time & temperature  |   |   |
| 18                                      | IN OUT N/A N/O | Proper reheating procedures for hot holding                                    |   |   |
| 19                                      | IN OUT N/A N/O | Proper cooling time & temperature  |   | X |
| 20                                      | IN OUT N/A N/O | Proper hot holding temperatures  |   |   |
| 21                                      | IN OUT N/A     | Proper cold holding temperatures   |   |   |
| 22                                      | IN OUT N/A N/O | Proper date marking & disposition  |   |   |
| 23                                      | IN OUT N/A N/O | Time as a public health control: procedures & record                           |   |   |
| Consumer Advisory                       |                |  | C | R |
| 24                                      | IN OUT N/A     | Consumer advisory provided for raw/undercooked foods                           |   |   |
| Highly Susceptible Population           |                |  | C | R |
| 25                                      | IN OUT N/A     | Pasteurized food used; prohibited foods not offered                            |   |   |
| Food/Color Additives & Toxic Substances |                |  | C | R |
| 26                                      | IN OUT N/A     | Food/Color additives: approved & properly used                                 |   |   |
| 27                                      | IN OUT N/A     | Toxic substances properly identified, stored, & used                           |   |   |
| Conformance with Approved Procedures    |                |  | C | R |
| 28                                      | IN OUT N/A     | Compliance with variance/specialized process/HACCP                             |   |   |

**GOOD RETAIL PRACTICES**

Good retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

| Safe Food & Water                |        |   | C | R |
|----------------------------------|--------|---|---|---|
| 29                               | IN OUT | Pasteurized eggs used where required                                    |   |   |
| 30                               | IN OUT | Water & ice from approved source  |   |   |
| 31                               | IN OUT | Variance obtained for specialized processing methods                    |   |   |
| Food Temperature Control         |        |   | C | R |
| 32                               | IN OUT | Proper cooling methods used; adequate equipment for temperature control |   |   |
| 33                               | IN OUT | Plant food properly cooked for hot holding                              |   |   |
| 34                               | IN OUT | Approved thawing methods used   |   |   |
| 35                               | IN OUT | Thermometers provided & accurate  |   |   |
| Food Identification              |        |   | C | R |
| 36                               | IN OUT | Food properly labeled; original container                               |   |   |
| Prevention of Food Contamination |        |   | C | R |
| 37                               | IN OUT | Insects, rodents & animals not present                                  |   |   |
| 38                               | IN OUT | Contamination prevented during food preparation, storage & display      |   |   |
| 39                               | IN OUT | Personal cleanliness  |   |   |
| 40                               | IN OUT | Wipe cloths: properly used & stored                                     |   |   |
| 41                               | IN OUT | Washing fruits & vegetables   |   |   |

| Proper Use of Utensils        |        |  | C | R |
|-------------------------------|--------|--|---|---|
| 42                            | IN OUT | In-use utensils; properly stored   |   |   |
| 43                            | IN OUT | Utensils, equipment & linens: properly stored, dried & handled                     |   |   |
| 44                            | IN OUT | Single-use/single-service articles: properly stored & used                         |   |   |
| 45                            | IN OUT | Gloves used properly   |   |   |
| Utensils, Equipment & Vending |        |  | C | R |
| 46                            | IN OUT | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |   |   |
| 47                            | IN OUT | Warewashing facilities; installed, maintained & used; test                         |   |   |
| 48                            | IN OUT | Non-food contact surfaces clean  |   |   |
| Physical Facilities           |        |  | C | R |
| 49                            | IN OUT | Hot & cold water available: adequate pressure                                      |   |   |
| 50                            | IN OUT | Plumbing installed; proper backflow devices  |   |   |
| 51                            | IN OUT | Sewage & waste water properly disposed   |   |   |
| 52                            | IN OUT | Toilet facilities: properly constructed, supplied, cleaned                         |   |   |
| 53                            | IN OUT | Garbage & refuse properly disposed: facilities maintained                          |   |   |
| 54                            | IN OUT | Physical facilities installed, maintained & clean                                  |   |   |
| 55                            | IN OUT | Adequate ventilation & lighting; designated areas used                             |   |   |

**FOOD EMPLOYEE CERTIFICATION**

Compliance with PA Food Employee Certification Act (3Pa.CSASS§6501-6510)

| Certified Food Employee |           |   | C | R |
|-------------------------|-----------|---|---|---|
| 56                      | IN OUT EX | Certified Food Employee employed; acts as PIC; accessible |   |   |

| Certificate |           |  | C | R |
|-------------|-----------|--|---|---|
| 57          | IN OUT EX | Certified Food manager certificate: valid and properly displayed |   |   |

P.I.C. Signature

*Jim Starn*

Sanitarian Signature

*[Signature]*

|   |         |                                 |           |              |               |
|---|---------|---------------------------------|-----------|--------------|---------------|
| CITY OF TITUSVILLE<br>107 NORTH FRANKLIN STREET<br>TITUSVILLE, PA 16354 |         | # Risk Factor Violations        |           | Date         |               |
|   |         | # Risk Repeat Factor Violations |           | Time In      |               |
|   |         | Overall Compliance Status       |           | Time Out     |               |
| Food Facility   | Address | City/State                      |           | Zip          | Phone #       |
| Registration #  | Owner   | Purpose of Insp                 |           | License Type | Risk Category |
|   |         | Routine                         | Follow Up | Complaint    | Retail        |

| TEMPERATURE RECORDINGS |       |               |      |
|------------------------|-------|---------------|------|
| Item/Location          | Temp  | Item/Location | Temp |
| French Onion Soup      | 44.7° | Refr-in       |      |
| Pepperoni              | 42°   | Refr-in       |      |
| Fish Fries             | 00    | Freezer       |      |
| Chicken                | -5    | Freezer       |      |
|                        |       |               |      |
|                        |       |               |      |
|                        |       |               |      |
|                        |       |               |      |
|                        |       |               |      |

| Observations & Corrective Actions |  |
|-----------------------------------|--|
| ITEM #                            | VIOLATION TEXT   |
| 19                                | Internal product temperature of French Onion soup in sealed plastic container dated 1/13 in refr-in cooler indicate 44.7° F. Dispose (cos)   |
|                                   | The coldest item in the 3 door True refr-in cooler was 42° F. Air gauge on unit fluctuated quickly when door was open. PIC attempted to lower unit thermostat & states cooler will be monitored. <41 |
| 24                                | Breakfast menu which includes eggs would be order has a consumer advisory to items are not sterilized.   |
|                                   | Approved to Review.  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |

Follow-up to be completed on sanitarian copy only!

Warning Letter Requested    Yes    No

Prosecution Requested    Yes    No

Follow-up Date