

Business Name: Rita's Concessions Operator: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: 2593 York Road City: Gettysburg, PA ZIP: \_\_\_\_\_ Seat / Checkouts: \_\_\_\_\_

General Health Record ID: PR 20091178T P/E: \_\_\_\_\_ Date: 013009 EHS: \_\_\_\_\_ Activity Time: \_\_\_\_\_ m Travel Time: \_\_\_\_\_ m

**Red High Risk Factors**

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable CDI = corrected during inspection R = repeat violation

Compliance Status	CDI	R	PTS
<b>Demonstration of Knowledge</b>			
0100 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	5
PIC certified by accredited program, or compliance with Code, or correct answers			
0200 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	5
Food Worker Cards current for all food workers; new food workers trained			
<b>Employee Health</b>			
0300 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	25
Proper ill worker practices; no ill workers present; proper reporting of illness			
<b>Preventing Contamination by Hands</b>			
0400 IN OUT N/O	<input type="checkbox"/>	<input type="checkbox"/>	15
Hands washed as required			
0500 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	15
Proper methods used to prevent bare hand contact with RTE foods			
0600 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Adequate handwashing facilities			
<b>Approved Source, Wholesome, Not Adulterated</b>			
0700 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	15
Food obtained from approved source			
0800 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Water supply, ice from approved source			
0900 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	10
Proper washing of fruits and vegetables			
1000 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Food in good condition, safe and unadulterated; approved additives			
1100 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Proper disposition of returned, previously served, unsafe, or contaminated food			
1200 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	5
Proper shellstock identification; proper parasite destruction procedures for fish			
<b>Protection from Cross Contamination</b>			
1300 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	15
Food contact surfaces used for raw meat thoroughly cleaned and sanitized			
1400 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
Raw meats below or away from RTE food			
1500 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	5
Proper handling of pooled eggs			

Compliance Status	CDI	R	PTS
<b>Potentially Hazardous Food Time/Temperature</b>			
1600 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	30
Proper cooling procedures			
1710 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
Proper hot holding temperatures (<130°F)			
1720 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	5
Proper hot holding temperatures (between 130°F to 139°F)			
1800 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
Proper cooking time and temperature			
1900 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
No room temperature storage; proper use of time as a control, procedures available			
2000 IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	15
Proper reheating procedures for hot holding			
2110 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
Proper cold holding temperatures (> 45°F)			
2120 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
Proper cold holding temperatures (between 42°F to 45°F)			
2200 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
Accurate thermometer provided and used to evaluate temperature of PHF			
<b>Consumer Advisory</b>			
2300 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
Proper Consumer Advisory posted for raw or undercooked foods			
<b>Highly Susceptible Populations</b>			
2400 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
Pasteurized foods used as required; prohibited foods not offered			
<b>Chemical</b>			
2500 IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Toxic substances properly identified, stored, used			
<b>Conformance with Approved Procedures</b>			
2600 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
Compliance with risk control plans, variances, or mobile unit plan of operation			
2700 IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
Variance obtained for specialized processing methods (e.g., ROP)			

**Service**

- 128  Scheduled
- 129  Return
- 126  Fld PI Rvw
- 130  Complaint
- 133  Illness / injury
- 134  Permit Inv.
- 136  Field Education
- 127  Pre-Operat.
- 106  HACCP

**Results**

- 01  Satisfactory
- 02  Unsatisfactory
- 03  Complete
- 04  Incomplete

**Action**

- 04  Suspend
- 07  Approved
- 10  Disapproved
- 26  Follow-up Req'd

**Meals Served**

- 6020  Breakfast
- 6025  Lunch
- 6030  Dinner
- 6035  Cater
- 6040  Other

**Meal Observed**

- 6045  Breakfast
- 6050  Lunch
- 6055  Dinner
- 6060  Cater
- 6065  Other

**Blue Low Risk Factors**

Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.

Compliance Status	CDI	R	PTS
<b>Food Temperature Control</b>			
2800	<input type="checkbox"/>	<input type="checkbox"/>	5
Food received at proper temperature			
2900	<input type="checkbox"/>	<input type="checkbox"/>	5
Adequate equipment for temperature control			
3000	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper thawing methods used			
<b>Food Identification</b>			
3100	<input type="checkbox"/>	<input type="checkbox"/>	5
Proper labeling, signage			
<b>Protection from Contamination</b>			
3200	<input type="checkbox"/>	<input type="checkbox"/>	5
Insects, rodents, animals not present; entrance controlled			
3300	<input type="checkbox"/>	<input type="checkbox"/>	5
Potential food contamination prevented during preparation, storage, display			
3400	<input type="checkbox"/>	<input type="checkbox"/>	5
Wiping cloths properly used, stored			
3500	<input type="checkbox"/>	<input type="checkbox"/>	3
Employee cleanliness and hygiene			
3600	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper eating, tasting, drinking, or tobacco use			
<b>Proper Use of Utensils</b>			
3700	<input type="checkbox"/>	<input type="checkbox"/>	3
In-use utensils properly stored			
3800	<input type="checkbox"/>	<input type="checkbox"/>	3
Utensils, equipment, linens properly stored, used, handled			
3900	<input type="checkbox"/>	<input type="checkbox"/>	3
Single-use and single-service articles properly stored, used			

Compliance Status	CDI	R	PTS
<b>Utensils and Equipment</b>			
4000	<input type="checkbox"/>	<input type="checkbox"/>	5
Food and non-food surfaces properly used and constructed; cleanable			
4100	<input type="checkbox"/>	<input type="checkbox"/>	5
Warewashing facilities properly installed, maintained, used; test strips available and used			
4200	<input type="checkbox"/>	<input type="checkbox"/>	5
Food — contact surfaces maintained, cleaned, sanitized			
4300	<input type="checkbox"/>	<input type="checkbox"/>	3
Non-food — contact surfaces maintained and clean			
<b>Physical Facilities</b>			
4400	<input type="checkbox"/>	<input type="checkbox"/>	5
Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains, no cross-connections			
4500	<input type="checkbox"/>	<input type="checkbox"/>	5
Sewage, wastewater properly disposed			
4600	<input type="checkbox"/>	<input type="checkbox"/>	3
Toilet facilities properly constructed, supplied, cleaned			
4700	<input type="checkbox"/>	<input type="checkbox"/>	3
Garbage, refuse properly disposed; facilities maintained			
4800	<input type="checkbox"/>	<input type="checkbox"/>	2
Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment			
4900	<input type="checkbox"/>	<input type="checkbox"/>	2
Adequate ventilation, lighting; designated areas used			
5000	<input type="checkbox"/>	<input type="checkbox"/>	2
Posting of permit; mobile establishment name easily visible			

Red Critical Points	0
Blue Points	0
Total Points	0

Based on an inspection this day, the above items are violations, which must be corrected in the time specified by the health officer. A food establishment permit may be suspended without warning, notice or hearing if the requirements of the food code and/or directives of the health officer are not met or if violations are not corrected in the time stated in this report. The permit will be suspended if an imminent hazard exists or there are 75 or more red critical points or if there are 101 or more total points. The health officer will provide an opportunity for an appeal on the validity of a suspension or the findings of an inspection report if a written request is filed with the health officer within ten (10) days of the suspension or inspection. The filing of an appeal does not stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any person who requests it under the provision of the Right to Know Law.

Person in Charge (Printed Name): \_\_\_\_\_ (Signature): [Signature]  
 Regulatory Authority (Printed Name): Alicia Schaefer (Signature): [Signature]

Food Inspection Program

Page 2 of 2

Business Name:

Operator:

Phone:

Kita's Concessions

Address City ZIP Seat / Checkouts

25913 York Road Gettysburg PA 17325

General Health Record ID

P/E

Date

EHS

Activity Time

Travel Time

PR 2009117811 013109

m m

TEMPERATURE OBSERVATIONS

Table with 4 columns: Item / Location, Temp (°F), Item / Location, Temp (°F). Row 1: Cooler, 20°.

Service

- 128 [x] Scheduled
129 [ ] Return
126 [ ] Fld Pl Rvw
130 [ ] Complaint
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6050 [ ] Lunch
6055 [ ] Dinner
6060 [ ] Cater
6065 [x] Other

OBSERVATIONS and CORRECTION ACTIONS

Table with 3 columns: Item Number, Violations cited in this area must be corrected with the time frame specified., Points.

Summary table with 3 rows: Red Critical Points (6), Blue Points (0), Total Points (6).

Comments

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Person in Charge (Printed Name)

(Signature) [Handwritten Signature]

Regulatory Authority (Printed Name)

Alicia Schaefer

(Signature) Alicia Schaefer