

Business Name: Sheetz Operator: Phone: ()

Address: 1 Monticello Court Chambersburg, PA City: ZIP: Seat / Checkouts:

General Health Record ID: PR 2008-145 P/E: Date: 12/19/08 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

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Demonstration of Knowledge (PIC certified, Food Worker Cards) and Employee Health (Proper ill worker practices).

Table with 4 columns: Compliance Status, CDI, R, PTS. Row includes Preventing Contamination by Hands (Hands washed as required).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Approved Source, Wholesome, Not Adulterated (Food obtained from approved source, Water supply, ice).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Protection from Cross Contamination (Food contact surfaces used for raw meat).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Food Temperature Control (Food received at proper temperature, Adequate equipment).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Food Identification (Proper labeling, signage).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Protection from Contamination (Insects, rodents, animals not present).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Proper Use of Utensils (In-use utensils properly stored).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Utensils and Equipment (Food and non-food surfaces properly used).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Physical Facilities (Plumbing properly sized, Sewage, wastewater).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Physical Facilities (Toilet facilities properly constructed, Garbage, refuse).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Physical Facilities (Physical facilities properly installed, Adequate ventilation, lighting).

Table with 4 columns: Compliance Status, CDI, R, PTS. Rows include Physical Facilities (Posting of permit, mobile establishment name easily visible).

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Service table with 2 columns: Item, Status. Rows include 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 table with 2 columns: Item, Status. Rows include 01 Satisfactory, 02 Unsatisfactory, 03 Complete, 04 Incomplete.

Action table with 2 columns: Item, Status. Rows include 04 Suspend, 07 Approved, 10 Disapproved, 26 Follow-up Req'd.

Meals Served table with 2 columns: Item, Status. Rows include 6020 Breakfast, 6025 Lunch, 6030 Dinner, 6035 Cater, 6040 Other.

Meal Observed table with 2 columns: Item, Status. Rows include 6045 Breakfast, 6050 Lunch, 6055 Dinner, 6060 Cater, 6065 Other.

Summary table with 2 columns: Category, Value. Rows include Red Critical Points (10), Blue Points (18), Total Points (28).

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.

Person in Charge (Printed Name) Signature: Alicia Schadey Regulatory Authority (Printed Name) Signature: Alicia Schadey

CCIS

Sanitation Survey Report

Food Inspection Program

Page 2 of 2

Business Name: Sheetz Operator: _____ Phone: _____

Address: 1 Monticello Court, Chambersburg, PA City: _____ ZIP: _____ Seat / Checkouts: _____

General Health Record ID: PR 2008-1145 P/E: _____ Date: 12/19/08 EHS: _____ Activity Time: _____ m Travel Time: _____ m

TEMPERATURE OBSERVATIONS

Item / Location	Temp (°F)	Item / Location	Temp (°F)
WIC	34.7°	Beverage Cooler-Coffee	39.1°
WIF	-10.5°	Freezer	-10.7°
Prep Cooler	29°	Beverage Cooler-WIC	36.5°
Prep Cooler	35°		
Drawer Cooler	33°		
Drawer Cooler	36.5°		
Freezer-Fryer	18.7°		

- 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

OBSERVATIONS and CORRECTION ACTIONS

Item Number	Violations cited in this area must be corrected with the time frame specified.	Points
3800	Box on floor in WIF	5
4300	Fan grills need cleaned in WIC	3
4300	Tray with juice - needs cleaned WIF	1
4300	Seats need cleaned on prep coolers	1
2900	Thermometer is broken on freezer - by fryer	5
4300	Fan grills in WIC Beverage need cleaned	1
4800	Ceiling in WIC Beverage needs cleaned	2
2500	Chemical stored with beverages in Beverage WIC	10
3600	Employee drink stored with drinks in Bev. WIC	3

Red Critical Points	10
Blue Points	18
Total Points	28

Comments: _____

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): _____
 Regulatory Authority (Printed Name): Alicia Schoorey (Signature): Alicia Schoorey