CCIS		Sanitation Survey Report		
Food Inspection Program		Page of		
Business Name:		// Operator: Phone:		
AMERICAN Degion Post 4	City	Home Association Found of Directors de7-3		
755 Philadelphia A	VPnI	up Chha 17701 423		
General Health Record ID P/E	Date	tte EHS Activity Time Travel Time		
PR 2007-1105		090707 m		
	•	h Risk Factors		
High Risk Factors are improper practices or procedures Circles indicate com	identified as pliance statu	as the most prevalent contributing factors of foodborne illness or injury. Service 128 V Scheduled		
iN = in compliance OUT = not in compliance N/O = not ob		N/A = not applicable CDI = corrected during inspection R = repeat violation 129 Return		
Compliance Status	CDI R PTS	400 0 0 1 1 1		
Demonstration of Knowledge 0100 IN OUT PIC certified by accredited program, or compliance	0 0 5	100 F W		
with Code, or correct answers		1710 IN OUT N/A N/O Proper hot holding temperatures (<130°F) □ 25 134 □ Permit Inv.		
0200 IN OUT Food Worker Cards current for all food workers; new food workers trained		5 1720 IN OUT N/A N/O Proper hot holding temperatures 0 5 136 Field Education		
Employee Health		(between 130°F to 139°F) 1800 IN OUT N/A N/O Proper cooking time and temperature		
0300 IN OUT Proper ill worker practices; no ill workers present;	□ □ 25	1900 IN OUT N/A N/O No room temperature storage; proper use of time 0 25 106 HACCP		
proper reporting of illness Preventing Contamination by Hands]]	as a control, procedures available 2000 IN OUT N/A N/O Proper reheating procedures for hot holding		
0400 IN OUT N/O Hands washed as required	0 0 15	5 2140 IN OUT N/A Proper cold holding tomporphyses (- 45°C) III III Results		
0500 IN OUT N/A N/O Proper methods used to prevent bare hand contact with RTE foods	D D 15			
0600 IN OUT Adequate handwashing facilities	□ □ 10	2200 IN OUT N/A Accurate thermometer provided and used to 0 0 0 5 03 Complete		
Approved Source, Wholesome, Not Adulterated		evaluate temperature of PHF 04 Incomplete		
0700 IN OUT Food obtained from approved source 0800 IN OUT Water supply, ice from approved source	15			
0900 IN OUT N/A N/O Proper washing of fruits and vegetables	D D 10	n undercooked foods		
1000 IN OUT Food in good condition, safe and unadulterated;	□ □ 10			
approved additives 1100 IN OUT Proper disposition of returned, previously served,	D D 10	foods not offered		
unsafe, or contaminated food		Chemical 10 Disapproved		
1200 IN OUT WA N/O Proper shellstock identification; proper parasite destruction procedures for fish		ZO D TONOW-up ned		
Protection from Cross Contamination		Conformance with Approved Procedures 2600 IN OUT N/A Compliance with risk control plans, variances, or		
1300 IN OUT N/A Food contact surfaces used for raw meat thoroughly cleaned and sanitized		5 mobile unit plan of operation Monte Served		
1400 IN OUT N/A Raw meats below or away from RTE food	0 0 5	12/00 IN OUT N/A Variance obtained for specialized processing 10 10 10 10 10 1		
1500 IN OUT N/A N/O Proper handling of pooled eggs	□ □ 5			
	Blue low F	√ Risk Factors 6030 ☐ Dinner		
	trol the add	ddition of pathogens, chemicals, and physical objects into foods. 6035 🗌 Cater		
Circled poi		te items not in compliance.		
Food Temperature Control	CDI R PTS	TS CDI R PTS Utensils and Equipment Meal Observed		
2800 Food received at proper temperature	5	5 4000 Food and non-food sufaces properly used and constructed;		
2900 Adequate equipment for temperature control	D D 5	4400 Westwardship facilities remark installed maintained used:		
3000 Proper thawing methods used		test strips available and used		
Food Identification 3100 Proper labeling, signage	0 0 5	4200 Food — contact surfaces maintained, cleaned, sanitized		
Protection from Contamination		4300 Non-food — contact surfaces maintained and clean 0606 Ucater Physical Facilities 6065 Ucher		
3200 Insects, rodents, animals not present; entrance controlled	□ □ 5	4400 Plumbing properly sized installed and maintained; proper backflow D D S Red Critical Points		
3300 Potential food contamination prevented during preparation, storage, display	□ □ 5	devices, indirect drains, no cross-connections		
3400 Wiping cloths properly used, stored	0 0 5	4500 Sewage, wastewater properly disposed		
3500 Employee cleanliness and hygiene	□ □ 3	3 4700 Garbage, refuse properly disposed; facilities maintained		
3600 Proper eating, tasting, drinking, or tobacco use	□ □ 3	4800 Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment		
Proper Use of Utensils 3700 In-use utensils properly stored	10 0 3			
3800 Utensils, equipment, linens properly stored, used, handled	0 0 3			
3900 Single-use and single-service articles properly stored, used	0 0 3			
requirements of the food code and/or directives of the health officer are not t	met or if violatio	ed in the time specified by the health officer. A food establishment permit may be suspended without warning, notice or hearing if t tions 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 mo		
red critical points or if there are 101 or more total points. The health officer w	ill provide an op	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 hea of stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any pers		
officer within ten (10) days of the suspension or inspection. The filing of an a who requests it under the provision of the Right to Know Ław .	ppeal does not:	or stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any pers		
Person in Charge	1/	(Signature)		
(Printed Name)	0//	(VACA Y W KADIII		

(Signature)

Regulatory Authority (Printed Name)

ccis	Sanita	ation S	urvey Report
Food Inspection Program	-	Page	2_ of <u>Z</u>
Business Name:	// Operator:		Phone:
American Legion Post 46	City ZIP Seary Che	ckouts	lors) 267-358
General Health Record ID P/E	enue Chba 17201 46	Activity Ti	me Travel Time
PR 2007-105	090707	1	m m
T∃.V	Temp (°F) Item / Location	Temp (°F)	Service 1281∑∕Scheduled
WIF	90		129 Return
WIC-Drinks	370		126□ Fld Pl Rvw 130□ Complaint
Stand Up Freezer	40°		133 🗆 Iliness / Injury
LIV	34.6		134□ Permit Inv. 136□ Field Education
WC \ P \ C \	700		127 Pre-Operat.
Food Prep Cooler	30°		106 HACCP
Stand Up Cooler	21.0		│
Stand Un Cooler In Clar	- Q 0		01 Satisfactory
OBSERVA' Item Number Violations cited in this ar	TIONS and CORRECTION ACTIONS ea must be corrected with the time frame specified.	Points	02 ☐ Unsatisfactory 03 ☐ Complete
mm 11		5	04 Incomplete
2900 No back up Thermon	netter in toda prep cooler	5	
3100 Unlabeled 7000 in 1	NIC	 	Action
			04 ☐ Suspend 07 ☑Approved
			10 Disapproved
			26 🔲 Follow-up Req'd
			Meals Served
			6020 □ Breakfast 6025 ☑ Lunch
			6030 Dinner
			6035
			6040 □ Other
			Meal Observed
			6045 🖳 Breakfast
			6050 💆 Lunch 6055 🔲 Dinner
			6055
			6065 ☐ Other
			Red Critical Points
Comments			Blue Points
Comments			
			Total Points
Based on an inspection this day, the above items are violations, which requirements of the food code and/or directives of the health officer are n red critical points or if there are 101 or more total points. The health office officer within ten (10) days of the suspension or inspection. The filing of a who requests it under the provision of the Right to Know Law.	must be corrected in the time specified by the health officer. A food establishment permit of met or if violations are not corrected in the time stated in this report. The permit will be ser will provide an opportunity for an appeal on the validity of a suspension or the findings of in appeal does not stay the effectiveness of a suspension. The completed inspection form is	may be suspended uspended if an immir an inspection report a public document to	without warning, notice or hearing if the nent hazard exists or there are 75 or more if a written request is filed with the health hat must be made available to any person
Person in Charge (Printed Name) Ann Benn	Sp. II (Signature) ARA	Ker	roll
Regulatory Authority (Printed Name)	(Signature)	had o	
THUY JULOU	y min x		