CCIS						S	anitatio	on	S	Gurve	ey Report
Food Inspection Program Page								of			
							Phone:				
Address Flementery Schall ()											
481 Nor	th Franklin Street	(h	imt	xesta	NG. 14 (720)					
General Health	Record ID P/E	1	Date	9		VEHS		Activ	ity 1	īme	Travel Time
PR 2008-225 m m											
Red High Risk Factors Service High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Service											
Circles indicate compliance status (iN, OUT, N/O, N/A) for each item. 128 🗋 Scheduled											
IN = in compliance	OUT = not in compliance N/O = not obs					DI = corrected during inspec) Return
Compliance Sta		CDI	R PTS		Compliance St			CDI	RJP] Fld Pl Rvw] Complaint
Demonstration of						ardour Food Time/Tempe Proper cooling procedures] Illness / Injury
	PIC certified by accredited program, or compliance with Code, or correct answers					Proper hot holding temperatures	(<130°F)				Permit Inv.
	Food Worker Cards current for all food workers; new food workers trained	0	0 5			Proper hot holding temperatures			_	5 136 🗌	Field Education
Employee Health		I		1800	IN OUT N/A N/O	(between 130°F to 139°F) Proper cooking time and tempera	ature				Pre-Operat.
0300 IN OUT	Proper ill worker practices; no ill workers present; proper reporting of illness	۵	25			······	oper use of time			5 106' [5] HACCP
	amination by Hands			2000	IN OUT N/A N/O	Proper reheating procedures for	hot holding	_	_	Besu	ults
	Hands washed as required		□ 15		IN OUT N/A	Proper cold holding temperatures		_	-		Satisfactory
0500 IN OUT N/A N/O	Proper methods used to prevent bare hand contact with RTE foods		0 15	2120	IN OUT N/A	Proper cold holding temperatures (between 42°F to 45°F)	S			ໍ] 02 🗍	Unsatisfactory
	Adequate handwashing facilities		0 10	2200	IN OUT N/A	Accurate thermometer provided a evaluate temperature of PHF	and used to				Somplete
	e, Wholesome, Not Adulterated			Cor	sumer Advi		1			04 []	Incomplete
0700 IN OUT	Food obtained from approved source Water supply, ice from approved source		0 0 15		IN OUT N/A	Proper Consumer Advisory poste	ed for raw or	۵		5	
	Proper washing of fruits and vegetables	ħ	0 10			undercooked foods				Actie	on
	Food in good condition, safe and unadulterated; approved additives		0 10	-	IN OUT N/A	ible Population Pasteurized foods used as require	ed: prohibited				• •
1100 IN OUT	approved additives Proper disposition of returned, previously served,	0	D 10			foods not offered	-, F	-	_	07 💆	- Approved
	unsate, or contaminated food				mical	Taula aukatanana proparki idaptif	ind stored used		n.		
1200 IN OUT NA NO	Proper shellstock identification; proper parasite destruction procedures for fish		5		IN OUT	Toxic substances property identif with Approved Procedure				10 26 🗆	Follow-up Req'd
Protection from	Cross Contamination				IN OUT N/A	Compliance with risk control plan			Ü		
1300 IN OUT N/A	Food contact surfaces used for raw meat thoroughly cleaned and sanitized		0 15			mobile unit plan of operation	-	ń		n Mea	ls,∕Served
1400 IN OUT NA	Raw meats below or away from RTE food		0 5		in out n/a	Variance obtained for specialized methods (e.g., ROP)	a processing			^{'''} 6020`	Breakfast
1500 IN OUT N/A N/O	Proper handling of pooled eggs		0 5	<u> </u>						6025 -	(ULunch
		B≀u	e low F	Risk Fa	ctors						Dinner 🖞
Low Risk	Factors are preventive measures to con	trol	the ad	dition o	pathogens,	chemicals, and physical o	bjects into food	S .			Cater
Circled points indicate items not in compliance.											
Food Temperatu	re Control				tsils and Eq	uipment		UDI	11 1	-	l Observed
	at proper temperature		05	4000		-food sufaces properly used and c	onstructed;		미	~ 1	Breakfast
	pment for temperature control		<u> </u>		cleanable Werewashing t	facilities properly installed, maintai	ined used		ət		
3000 Proper thawing Food Identification			3		test strips avai	ilable and used				5 6055	Dinner
3100 Proper labeling		П	05	4200	-	ict surfaces maintained, cleaned, s				5 6060	Cater
Protection from				1000	sica Eacilit	ontact surfaces maintained and cle	ean	υı	U I		C Other
3200 Insects, rodent	s, animals not present; entrance controlled		<u> </u>	4400		perly sized; installed, and maintain	ed; proper backflow			5 Red Cr	itical Points
3300 Potential food of storage, display	contamination prevented during preparation,	D	5	4500	devices, indire	ect drains, no cross-connections ewater properly disposed			$\overline{}$	5	
	properly used, stored	Ō	0 5	4600		properly constructed, supplied, cle	eaned		_	3	
3500 Employee clear	nliness and hygiene	0		4700	Garbage, refu	se properly disposed; facilities mai	intained			3 Blue Po	onts
3600 Proper eating, Proper Use of U	tasting, drinking, or tobacco use			4800	Physical facilit	ties properly installed, maintained, persons excluded from establishme	cieaned; ent	O		2	
	properly stored		03	4900		tilation, lighting; designated areas					Points
3800 Utensils, equip	ment, linens properly stored, used, handled	D	03	5000	Posting of peri	mit; mobile establishment name ea	asily visible	Ö		2	
3900 Single-use and	single-service articles properly stored, used		03								
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 or directives of 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 hear 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 pers who requests it under the provision of the Right to Know Law.											

who requests it under the provision of the Right to Know Law .	
Person in Charge	(Signature)
(Printed Name)	
Regulatory Authority	(Signature)
(Printed Name) HIVIA COSTEV	HUMMER LENCY
/	\sim

CCIS		Sanitation S	urvey Report
Food Inspection Program		Page	of
Business Name: Ben Chambers Eleme Address	Operator:	F Seat / Checkouts	Phone:
481 North Franklin Street (General Health Record ID P/E	Pambersburg. PA 172	Activity Ti	me Travel T ime
PR 2008-225			m m
Item / Location Temp	URE OBSERVATIONS (°F) Item / Location	Temp (°F)	Service
(Coler (D) 33	.0		128 Scheduled
(ader (R) 33.	50		126 ☐ Fld PI Rvw 130 ☐ Complaint
Refrigerativ Z	30		133 🗔 Illness / Injury 134 🔲 Permit Inv.
WIC 32			136 Field Education
WIF -Z	<u>55</u>		
			Results
	and CORRECTION ACTIONS		01 Satisfactory 02 Unsatisfactory
	be corrected with the time frame specified.	Points	03 🖾 Complete 04 🔲 Incomplete
Need Single Use	towers at all han	a	
			Action 04
			07 X Approved
			10 Disapproved 26 Follow-up Req'd
			Meals Served
			6020 D Breakfast 6025 D Lunch
			6030 🖾 Dinner
			6035 🗍 Cater 6040 🔲 Other
			Meal Observed
	····		6045 🗆 Breakfast 6050 🗆 Lunch
			6055 🗆 Dinner
	· · · · · · · · · · · · · · · · · · ·		6060 🔲 Cater 6065 🔲 Other
			Red Critical Points
Comments			Blue Points
			Total Points
Read on an inspection this day the above items are violations, which must be co	reacted in the time specified by the health officer. A food e	stablishmant normit may be sugnanded	without warping, notice or beging if the

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who requests it under the provision of the Right to Know Law.	
Person in Charge (Printed Name)	(Signature)
Regulatory Authority (Printed Name) Alicia Shoe Dei	(Signature)