C	CCIS	71/						Sanita	atio	n S	urve	y Report
F	Food Ins	spection Program								Page	1	of
	iness Nam						(	Operator:			Phone:	
	<u>Naor</u>	ni's Bakery						Noomi Fsh	١		( )	
Add	lress	armal St. a) A.	_	, (	City	,	0	ZIP Seat / Chec	kouts		1	
<u></u>	neral Health	Tront Street Un	$\mathcal{I}\mathcal{L}$	$ec{arphi}$	ÇC	20	MCH. Y	A 1,7201	Λ	alialara Y	<u> </u>	Tours Times
l		necold ID F/E	_		ate	T. 1	<u> </u>	EU-0	AC	tivity T	ITHE	Travel Time
PF	120	01-265	$\perp$		1		<u> 301</u>	217			m	m
			Re	d Hi	jh Ri	sk Fa	actors	· ·			_	
Hig	h Risk Facto	rs are improper practices or procedures							ness o	injury	Servi	<b>7</b>
   6N _	in compliand	Circles indicate comp e OUT = not in compliance N/O = not ob				•					1	Scheduled Return
	Compliance S			R	_	$\overline{}$	Compliance S		repeat v	R P		
	•	of Knowledge	CDI	n	15			zardous Food Time/Temperature	(CL	ין דיןי		Complaint
	IN OUT	PIC certified by accredited program, or compliance			5			Proper cooling procedures	T			Illness / Injury
	<u> </u>	with Code, or correct answers		<u> </u>		-		Proper hot holding temperatures (<130°F)	-   [		134	
0200	IN OUT	Food Worker Cards current for all food workers; new food workers trained		미	5			Proper hot holding temperatures			5 136 □	
Em	ployee Heal	1		1 1		1800	IN OUT NA AUG	(between 130°F to 139°F)	+		<u>-</u> 127 🗀	Pre-Operat.
	in out	Proper ill worker practices; no ill workers present;			25	$\overline{}$	IN OUT N/A N/C	Proper cooking time and temperature  No room temperature storage; proper use of tir			106	HACCP
		proper reporting of illness	丄					as a control, procedures available				
_		tamination by Hands	П		15	$\overline{}$		Proper reheating procedures for hot holding			- Hesu	ılts
	+	Hands washed as required  Proper methods used to prevent bare hand contact	<del> </del>	님	_	-	IN OUT N/A	Proper cold holding temperatures (> 45°F)  Proper cold holding temperatures			위 01 🖸	Satisfactory
		with RTE foods				2120	IN OUT NA	(between 42°F to 45°F)	J		] 02 □	Unsatisfactory
_	in out	Adequate handwashing facilities	[0		10	2200	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF			5 03 <b>X</b> 0	Complete
_		ce, Wholesome, Not Adulterated	Т	1 -		Con	sumer Adv				<b>-</b> 04′□	Incomplete
	IN OUT	Food obtained from approved source  Water supply, ice from approved source	믐	믬	15		IN OUT N/A	Proper Consumer Advisory posted for raw or	10	Tot	5	
_	IN OUT N/A N/C	<u> </u>	븀	+=+	10			undercooked foods			` ■ Actio	
	IN OUT	Food in good condition, safe and unadulterated;	ō	-	10	_		tible Populations			<b>04</b> $\square$	Suspend
4400	III. OUT	approved additives	뉴			2400	in out n/a	Pasteurized foods used as required; prohibited foods not offered		' 미'	07 18	Approved
1100	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food			10	Che	mical				10 🗇	Disapproved
1200	IN OUT N/A N/O	Proper shellstock identification; proper parasite destruction procedures for fish			5	2500	in out	Toxic substances properly identified, stored, us	sed C	1		Follow-up Req'd
Pro	tection from	Cross Contamination						with Approved Procedures				
	IN OUT N/A	Food contact surfaces used for raw meat			15	2600	IN OUT N/A	Compliance with risk control plans, variances, mobile unit plan of operation	or C	0 1	1	_
		thoroughly cleaned and sanitized	<u> </u>			2700	IN OUT N/A	Variance obtained for specialized processing	С	1 0 1	VΙ _	s Served
	IN OUT NA	Raw meats below or away from RTE food	무	밁	5			methods (e.g., ROP)		1		☐ Breakfast
1500	IN OUT N/A N/O	Proper handling of pooled eggs			5					ĿЦ.	1	Lunch
						sk Fa					,	Dinner
	Low Ris	k Factors are preventive measures to cor					pathogens, ot in compli		foods.			☐ Cater
		Circlea poi		I R		;III3 II	ot in compi	ialice.	lcr	I R P	딝 6040 🌶	Ø Other
Foo	d Temperat	ure Control	05.			Uten	sils and E	quipment	Ų.	·		Observed
2800		at proper temperature			5	4000		-food sufaces properly used and constructed;			-	☐ Breakfast
2900		ipment for temperature control				4100	cleanable	facilities properly installed, maintained, used;		1-1-	_	Lunch
3000	•	g methods used		Ō	3	4100	test strips ava	ilable and used			-	☐ Dinner
	d Identifica Proper labelin		m		-	4200		ct surfaces maintained, cleaned, sanitized			ചരാഭവ മ	☐ Cater
		contamination	U		3	4300		ontact surfaces maintained and clean	Ĺ			Cater Other
3200	Insects, roder	ts, animals not present; entrance controlled	10		5	_	sical Facilit		L-11			
3300		contamination prevented during preparation.				4400		perfy sized, installed, and maintained; proper bac ect drains, no cross-connections	kflow	' - :	Hed Criti	ical Points
<u></u>	storage, displa	ay	▙		_	4500	Sewage, wast	ewater properly disposed			I I	
		properly used, stored				4600		properly constructed, supplied, cleaned			— I Di ua Dai:	nts
3600	<del> </del>	tasting, drinking, or tobacco use	H	尚		4700 4800		se properly disposed; facilities maintained ties properly installed, maintained, cleaned;			입 <b>!</b>	7
	oer Use of L							persons excluded from establishment				<u> </u>
3700		s properly stored	$\overline{}$			4900		tilation, lighting; designated areas used			<b>—</b> 11	oints
3800		oment, finens properly stored, used, handled		0		5000	Posting of per	mit; mobile establishment name easily visible		0 4	≥   '	7
3900		d single-service articles properly stored, used			3					Щ.	<u> </u>	<u> </u>
Based	on an inspection	on this day, the above items are violations, which mut and code and/or directives of the health officer are not t	st be	corre	ted in	the tim	ne specified by t corrected in the	the health officer. A food establishment permit to time stated in this report. The permit will be set	may be s spended i	uspende f an imm	d without war inent hazard	ning, notice or hearing if th exists or there are 75 or mor
red cri	tical points or if	there are 101 or more total points. The health officer w	vill pro	ovide a	n oppo	ortunity	for an appeal of	on the validity of a suspension or the findings of a	an inspec	ion repo	rt if a written r	request is filed with the healt
officer	within ten (10) o	lays of the suspension or inspection. The filing of an a	ppeal	does	not sta	y the e	mectiveness of	a suspension. The completed inspection form is	a public d	ocument	inai must be	mage available to any perso

Person in Charge (Printed Name) (Signature) (Signature)

Regulatory Authority (Printed Name)

CCIS			Survey Report
Food Inspection Program		Pa	ige <u>2</u> of <u>7</u>
Business Name:	Operator:		Phone:
Maomi's Bakery	city ZIP	Seat / Checkouts	( )
Address 755 Grant Street Oriv	mbersburg, PA 17201	Seat / Checkouts	
255 Grant Street Chrir General Health Record ID P/E	Date EHS	Activi	ty Time Travel Time
PR 2007-265			m m
	ERATURE OBSERVATIONS		Service
Item / Location	Temp (°F) Item / Location	Temp	128 Scheduled
2 Dor Refrigerator	37.6°		129 ☐ Return 126 ☐ Fld Pl Rvw
			130 ☐ Complaint
			133 ☐ Illness / Injury 134 ☐ Permit Inv.
			136 Field Education
			127 Pre-Operat.
			— 106□ HACCP
			Results
OBSERVATION	ONS and CORRECTION ACTIONS		01 Satisfactory
	must be corrected with the time frame specified.	Poin	02 □ Unsatisfactory ts 03 Ⅸ Complete
USD No smoot sink in	the bar orysection that	is by Z	04 🗀 Incomplete
it's salf	the bakery section that	10 - 1	
2100 1010 101 Col : [	2-Colo tox	5	Action
3100 Unlabeled tood in t	Befrigerator		04 ☐ Suspend 07 ☑ Approved
			—— 10 ∕□ Disapproved
			26  Follow-up Req'd
			Meals Served 6020  Breakfast
			6025 Lunch
			6030 Dinner
			Meal Observed 6045 ☐ Breakfast
			6050 Lunch
			6055
			6060 □ Cater 6065 □ Cother
			Red Critical Points
			Blue Points
Comments			$\neg \mid \neg \mid$
			Total Points
			$\dashv$ $\dashv$
Based on an inspection this day, the above items are violations, which mu requirements of the food code and/or directives of the health officer are not it red critical points or if there are 101 or more total points. The health officer w 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 Law.  Person in Charge	met of it violations are not corrected in the time stated in this report.	ne permit will be suspended it at on or the findings of an inspection	report if a written request is filed with the healt
(Printed Name) Naomi O Esh	(A	ann 1	lan
Regulatory Authority Allicic School	Cy (Signature)	ia School	ly