

# FOOD ESTABLISHMENT INSPECTION REPORT

**BETHEL TOWNSHIP - DELAWARE COUNTY**  
**1092 BETHEL ROAD - GARNET VALLEY, PA 19060**  
**610-459-1529 - FAX: 610-459-2921**

Date 2/19/19 Time In 9:10 AM

REFUSE/RECYCLE	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
GREASE INTERCEPTORS	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
EXTERMINATION	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
ICE MAKER	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
HOODS/EXHAUST	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

Food Facility  
Bethel Springs Elementary  
3280 Fulk Rd

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance, OUT = not in compliance, N/O = not observed, N/A = not applicable, C = corrected on site, R = repeated

Compliance Status:

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IN,OUT,NA,MO	C	R	IN,OUT,NA,MO
<b>Demonstration of Knowledge</b>			
1	<input checked="" type="checkbox"/>		Certification by accredited program, compliance with Code, or correct responses.
<b>Employee Health</b>			
2	<input checked="" type="checkbox"/>		Management awareness, policy present
3	<input checked="" type="checkbox"/>		Proper use of reporting, restriction & exclusion
<b>Good Hygienic Practices</b>			
4	<input checked="" type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use
5	<input checked="" type="checkbox"/>		No discharge from eyes, nose and mouth
<b>Preventing Contamination by Hands</b>			
6	<input checked="" type="checkbox"/>		Hands clean & properly washed
7	<input checked="" type="checkbox"/>		No bare hand contact with RTE foods or approved alternate method properly followed
8	<input checked="" type="checkbox"/>		Adequate handwashing facilities supplied & accessible
<b>Approved Source</b>			
9	<input checked="" type="checkbox"/>		Food obtained from approved source
10	<input checked="" type="checkbox"/>		Food received at proper temperature <u>N/O</u>
11	<input checked="" type="checkbox"/>		Food in good condition, safe & unadulterated
12	<input checked="" type="checkbox"/>		Required records available; shellstock tags, parasite destruction <u>N/A</u>
<b>Protection from Contamination</b>			
13	<input checked="" type="checkbox"/>		Food separated & protected
14	<input checked="" type="checkbox"/>		Food-contact surfaces: cleaned & sanitized
15	<input checked="" type="checkbox"/>		Proper disposition of returned, previously served, reconditioned & unsafe food

IN,OUT,NA,MO	C	R	IN,OUT,NA,MO
<b>Potentially Hazardous Food time/Temp</b>			
16	<input checked="" type="checkbox"/>		Proper cooking time & temperatures
17	<input checked="" type="checkbox"/>		Proper reheating procedures for hot holding <u>N/O</u>
18	<input checked="" type="checkbox"/>		Proper cooling time & temperatures
19	<input checked="" type="checkbox"/>		Proper hot holding temperatures
20	<input checked="" type="checkbox"/>		Proper cold holding temperatures
21	<input checked="" type="checkbox"/>		Proper date marking & disposition
22	<input checked="" type="checkbox"/>		Time as a public health control: procedures & record
<b>Consumer Advisory</b>			
23	<input checked="" type="checkbox"/>		Consumer advisory provided for raw or under cooked foods <u>N/A</u>

IN,OUT,NA,MO	C	R	IN,OUT,NA,MO
<b>Highly Susceptible Populations</b>			
24	<input checked="" type="checkbox"/>		Pasteurized food used; prohibited foods not offered
<b>Chemical</b>			
25	<input checked="" type="checkbox"/>		Food additives: approved & properly used
26	<input checked="" type="checkbox"/>		Toxic substances properly identified, stored, & used
<b>Conformance with Approved Procedures</b>			
27	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, & HACCP plan

Risk factors are improper practices identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status:

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IN,OUT,NA,MO	C	R	IN,OUT,NA,MO
<b>Safe Food and Water</b>			
28	<input checked="" type="checkbox"/>		Pasteurized eggs used where required
29	<input checked="" type="checkbox"/>		Water & ice from approved source
30	<input checked="" type="checkbox"/>		Variance obtained for specialized processing methods <u>N/A</u>
<b>Food Temperature Control</b>			
31	<input checked="" type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature
32	<input checked="" type="checkbox"/>		Plant food proper cooked for hot holding
33	<input checked="" type="checkbox"/>		Approved thawing methods used
34	<input checked="" type="checkbox"/>		Thermometer provided & accurate
<b>Food Identification</b>			
35	<input checked="" type="checkbox"/>		Food properly labeled; original container
<b>Prevention of Food Contamination</b>			
36	<input checked="" type="checkbox"/>		Insects, rodents & animals not present; no unauthorized persons
37	<input checked="" type="checkbox"/>		Contamination prevented during prep, storage & display
38	<input checked="" type="checkbox"/>		Personal cleanliness
39	<input checked="" type="checkbox"/>		Wipe cloths: properly used & stored
40	<input checked="" type="checkbox"/>		Washing fruits & vegetables

IN,OUT,NA,MO	C	R	IN,OUT,NA,MO
<b>Proper Use of Utensils</b>			
41	<input checked="" type="checkbox"/>		In-use utensils: properly stored
42	<input checked="" type="checkbox"/>		Utensil, equipment & linens proper stored dried & handled
43	<input checked="" type="checkbox"/>		Single-use & service articles: properly stored & used
44	<input checked="" type="checkbox"/>		Gloves properly used
<b>Utensils, Equipment and Vending</b>			
45	<input checked="" type="checkbox"/>		Food & non-food contact surfaces cleanable, properly designed, constructed, & used
46	<input checked="" type="checkbox"/>		Warewashing facilities; installed, maintained & used; test strips <u>sanitized 200 ppm</u>
47	<input checked="" type="checkbox"/>		Non-food contact surfaces clean
<b>Physical Facilities</b>			
48	<input checked="" type="checkbox"/>		Hot & cold water available; adequate pressure
49	<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices
50	<input checked="" type="checkbox"/>		Sewage & waste water properly disposed
51	<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, clean
52	<input checked="" type="checkbox"/>		Garbage & refuse properly disposed: facilities maintained
53	<input checked="" type="checkbox"/>		Physical facilities installed, maintained & clean
54	<input checked="" type="checkbox"/>		Adequate ventilation & lighting; designated areas used

Item/Location	Temp	Item/Location	Temp
<u>Walk In</u>	<u>36°F</u>	<u>Delo field cheese</u>	<u>40°F</u>
<u>Freezer</u>	<u>0°F</u>		

Certified Food Employee

Yes

No

Exempt

P.I.C. signature: Bruce [Signature]

Sanitarian signature: [Signature]